DOCUMENT RESUME

ED 403 707 EC 305 272

AUTHOR	Bruder, Mary Beth; Brand, Marie
TITLE	Community Inclusion Outreach Training Project. Final Report.
INSTITUTION	Connecticut Univ. Health Center, Farmington.
SPONS AGENCY	Special Education Programs (ED/OSERS), Washington, DC. Early Education Program for Children with Disabilities.
PUB DATE	30 Sep 96
CONTRACT	H024D30001
NOTE	970p.
PUB TYPE	Reports - Descriptive (141)
EDRS PRICE	MF07/PC39 Plus Postage.
DESCRIPTORS	Community Programs; *Disabilities; *Early Intervention; Family Programs; *Inclusive Schools; Infants; Inservice Education; Institutes (Training Programs); Models; *Outreach Programs; Postsecondary Education; Preschool Education; Social Integration; Special Education; *Staff Development; Toddlers; Workshops

ABSTRACT

This final report describes activities and achievements of the Community Inclusion Project for Young Children with Disabilities, a New York State project which provided outreach training to early intervention staff, community early childhood staff, and families on the inclusion of young children with disabilities in early intervention, special education, or related services settings. The project's model included service delivery utilizing a family-directed transdisciplinary approach; training for staff and families; evaluation of children, families, programs, and communities; and policy development. Outreach components included management, dissemination, replication, and evaluation. Project activities included development of workbooks, wide dissemination of project and model information at state and national conferences, delivery of 53 workshops (involving about 2000 participants), and institute training to 21 programs (with over 200 participants). Individual sections of the report describe the project's goals and objectives, theoretical and conceptual framework, model, problems, findings, impact, and future activities. Most of the report consists of the following appendices: staff vitae, the project brochure, sample workbooks, details of training components, dissemination record and list of presentations, training schedule and workshop data, letters to state agencies, list of publications, sample evaluation tools, a replication checklist, institute data, and more detail on technical assistance. (Contains 51 references.) (DB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☑ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
● Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

ED 403 707

COMMUNITY INCLUSION OUTREACH TRAINING PROJECT

FINAL REPORT

Early Education Programs for Children with Disabilities
U.S. Department of Education
Grant Number: H024D30001
CFDA: 84.024D

Mary Beth Bruder, Ph.D.
Project Director

Marie Brand, M.S.
Project Coordinator

Child and Family Studies
University of Connecticut Health Center
Dowling North - MC 6222
263 Farmington Avenue
Farmington, CT 06030
(860) 679-4632

EC305272

September 30, 1996

BEST COPY AVAILABLE

II. ABSTRACT

Community Inclusion Outreach Training Project

An Early Education Program for Children with Disabilities Project

Mary Beth Bruder, Ph.D.
Director

Marie Brand, M.S.
Project Coordinator

The Community Inclusion Project for Young Children with Disabilities provided outreach training to early intervention program staff, community early childhood staff, and families on the inclusion of young children with disabilities into community early childhood programs for the purpose of delivering early intervention (children age birth to three) or special education and related services (children age three to five). The outreach was based on the Early Childhood Community Integration Project, an HCEEP funded model demonstration project. The model components included service delivery (utilizing a family directed transdisciplinary approach); training (for early intervention early childhood special education and related services staff, early childhood program staff, and families); evaluation (of children, families, programs, and communities); and policy development. A number of model elements were also identified as being necessary for the successful implementation of the Community Inclusion Project for Young Children with Disabilities. These elements formed the basis of project replication.

The outreach project focused its efforts in New York State (NYS). The project was coordinated with both Part H and Part B (619) state level personnel. Outreach components included management, dissemination, replication, and evaluation. Product development occurred within dissemination and replication. Evaluation included the measurement of both product and process indices of effectiveness.

III. TABLE OF CONTENTS

Abstract 1

List of Appendices 3

Project Goal and Objectives 4

Theoretical and Conceptual Framework 8

Model Description 13

Problems 29

Project Findings 30

Project Impact 61

Future Activities 67

Assurance Statement 68

APPENDICES

A	Staff Vitae
B	Project Brochure
C	Sample Workbooks
D	Training Components
E	Dissemination Record and List of Presentations
F	Training Schedule and Workshop Data
G	Letters to State Agencies
H	Publications
I	Sample Evaluation Tools
J	Replication Checklist
K	Institute Data
L	Technical Assistance

IV. PROJECT GOALS AND OBJECTIVES

Goal 1.0 Management and Internal Support. To ensure that activities are completed as scheduled and there is maximum coordination within each component of the project and with outside agencies.

Objective 1.1 Finalize agency subcontract

Objective 1.2 Hire project staff.

Objective 1.3 Provide staff development opportunities.

Objective 1.4 Monitor/refine project activities.

Objective 1.5 Monitor/refine project timelines.

Objective 1.6 Monitor/refine data collection system.

Objective 1.7 Coordinate data entry and storage procedures.

Objective 1.8 Coordinate project activities with other agencies.

Objective 1.9 Complete quarterly reports.

GOAL 2.0 **__Dissemination__. To provide information and knowledge on model elements and service delivery procedures to those interested in inclusive early intervention services.**

Objective 2.1	Develop brochure on outreach project.
Objective 2.2	Develop project poster.
Objective 2.3	Refine workbooks on model procedures and elements.
Objective 2.4	Present model development description and results at local, state, and national meetings for professionals and parents.
Objective 2.5	Provide workshops on demonstration model elements to parents and/or professionals.
Objective 2.6	Provide consultation by phone or letter to agencies, professionals or parents on issues related to inclusive early intervention.
Objective 2.7	Provide information to state agency personnel through the dissemination of quarterly reports, monthly phone calls, and twice yearly meetings.

Objective 2.8 Submit description and results of outreach project to newsletters, journals, and other publications.

Objective 2.9 Present outreach project description and results at local, state, and national meetings for professionals and parents.

GOAL 3.0 Model Replication. To provide training and technical assistance on model elements and service delivery procedures to those interested in inclusive early intervention services.

Objective 3.1 Conduct needs assessments with agencies interested in training and technical assistance.

Objective 3.2 Finalize agreements with agencies interested in receiving training and technical assistance for project replication.

Objective 3.3 Establish training protocols with participating agencies.

Objective 3.4 Refine procedural handbook on project replication.

Objective 3.5 Provide training to participating agencies (including parents) on model elements and service delivery procedures.

Objective 3.6 Provide ongoing technical assistance to participating agencies (including parents) on the application of training content to the development of a model replication.

Objective 3.7 Provide follow-up technical assistance to participating agencies (including parents) after training is completed to ensure implementation of model elements and service delivery procedures.

GOAL 4.0 Evaluation. To evaluate the implementation of information, training, and technical assistance outreach activities for inclusive early intervention programs.

Objective 4.1 Monitor/refine evaluation questions.

Objective 4.2 Evaluate management component.

Objective 4.3 Evaluate dissemination component.

Objective 4.4 Evaluate replication component.

V. THEORETICAL AND CONCEPTUAL FRAMEWORK

The Community Inclusion Project built upon the findings and experiences of the Community Integration Project, as well as current research on integrated early intervention, to develop inclusive early intervention service delivery options for infants, toddlers, and preschool age children within New York State (NYS). At the onset of the project, most children receiving early intervention services in NYS are placed within segregated center-based classrooms administered by either a local education agency (LEA), a regional educational service program (BOCES) or a private nonprofit program (UCP; ARC).

Recognizing the abundance of segregated preschool programs, the NY State Department of Education (DOE) encouraged school districts to explore least restrictive program options for preschool age children receiving special education services. They issued a number of reimbursement strategies for local education agencies to provide special education services in the "mainstream". Likewise, the NY State Department of Health (DOH) proposed this option for infants and toddlers receiving services under Part H of P.L. 99-457. State legislation passed, and an early intervention statewide program took effect on September 1, 1993 (Chapter 428 of the New York State Laws of 1992). The Community Inclusion Project offered training, technical assistance, and follow-up to policymakers, program administrators, service providers and families through a variety of strategies. Consultation, workshop and model replication activities were provided by project staff.

The project director worked closely with policy makers and service providers in both agencies (SEA and DOH) in NYS during the development of this project. The project utilized service delivery strategies which were validated by the original Community Integration Demonstration Project as training content for families, service providers, and policy makers. The purpose of the project is to expand the use of community early childhood programs as settings for the collaborative (early childhood and early intervention staff) delivery of early intervention/special education and related services to young children with disabilities.

The project expanded the options for inclusive early childhood models of services for young children with disabilities within NYS. Earlier, children with disabilities had limited options for inclusion within early intervention and school systems in NYS. It was documented that NYS ranked second from last of the states and territories in the availability of integrated special education options (Danielson & Bellamy, 1989). The outreach training significantly impacted the movement from segregated sites into community inclusive sites during the three years of outreach training. In addition, the project represented a collaboration of both state and local agencies.

Families have become increasingly vocal about their expectations for their children who have disabilities. It has been well documented that parents of young children with disabilities want their children to have the opportunity to receive services within the mainstream (Bailey & Winton, 1987; Blacher & Turnbull, 1983; Hanline & Halvorson, 1989; Turnbull & Blacher-Dixon, 1980; Turnbull & Winton, 1983). These parents have also suggested that the most important outcome of special education should be the development of friendships among their children and those children without disabilities (Buswell & Schaffner, 1990; Strully & Strully, 1985). Special educators, as well as other service delivery providers for children with disabilities, are responding to these families expectations by revamping early intervention curricula to focus on the facilitation of social competence and friendships between children with and without disabilities (Guralnick, 1990a; Odom, McConnell & McEvoy, 1992; Stainback & Stainback, 1990). Additionally, parents of young children without disabilities who have participated within integrated preschool programs have also reported positive attitudes toward this practice (Green & Stoneman, 1989; Peck, Carlson & Helmsletter, 1992).

Young children (age 3 to 5) eligible for special education and related services have had their right to receive special education services in least restrictive settings addressed by two memorandums which were issued by the Office of Special Education and Rehabilitation Services, U.S. Department of Education. These memos reinforce the child's right to placement (part-time and full-time) in programs which serve preschool children who are not disabled. Use of both private and public programs (such as Head Start) for typical children as special education placements for children without disabilities is one strategy which has been identified to ensure a least restrictive setting (OSEP Memo 87-17, 6/2/17; OSERS Preschool Grants Memorandum, n.d.).

The provision of inclusive early childhood programs for young children with disabilities has not been a very prevalent practice in NYS. Yet, research suggests the positive effects this model of early intervention can have on children with disabilities and children without disabilities. Public law is also supporting this service delivery model, yet programs and agencies are very vocal about their need for additional resources to implement this change. The challenge of integrated or inclusive programming for young children with disabilities in the 1990's will be the availability of effective training models to enable staff, families, and programs to move from current practice into more normative, community based models of early childhood education for all young children.

In NYS, preschool special education has been under the auspices of the public schools since 1989 as a result of state legislation enacted because of P.L. 99-457. Currently, however, in NYS, most eligible children receive special education within segregated programs or regional educational programs (BOCES) through contracts from local school districts. One exception to this has been within Head Start Programs. Children with disabilities usually received some type of specialized intervention, though, unfortunately, it most likely occurred off site or within therapy rooms outside the typical Head Start routine. These intervention settings usually did not systematically integrate children with disabilities with same age children without disabilities. Many reasons have been cited for this, including the costs of such services, the logistics of planning such services, the lack of trained personnel to implement these services (NYS does not have teacher certification specific to early childhood special education) and attitudinal issues among regular preschool and school personnel.

Recently, however, NYS Department of Education has offered incentives to state sponsored programs to expand the options for least restrictive placements within preschool special education and related services programs. A superintendent's memorandum has been issued which suggests a number of reimbursement strategies for LEAs to support the provision of preschool special education and related services across a range of service options, including programs which service mostly "typical" young children.

In regard to early intervention for infants age birth to three, the NYS Health Department (DOH) advocates moving services from the segregated systems into comprehensive community based systems which utilize "typical" environments for the delivery of services under Part H of P.L. 99-457. Chapter 428 utilizes natural environments as settings for the delivery of early intervention. These include community early childhood programs, as appropriate, for children receiving services in group settings.

VI. MODEL DESCRIPTION

1. Design

This project was designed to provide information, training and technical assistance to families, programs and agencies interested in developing and implementing an inclusive, collaborative, community based early childhood model of services for young children with disabilities.

The institutes included a maximum of 12 to 15 participants from a given program or agency. Objectives were designed jointly by agency staff and project staff to meet the specific needs of the participating program. There were approximately five sessions, each two and one-half to three hours in length. The training format consisted of a combination of lectures, discussions, videos and practical activities.

Workshops were large group, single sessions conducted for groups ranging from 25 to 250 people. Content was prearranged to meet the specific needs of the program.

2. Target Population

The Community Inclusion Project provided training to families, program staff, program administrators, and policy makers working with children birth to five in New York State.

3. Methods

The Community Integration Project was successful in facilitating the delivery of early intervention, special education and related services to children with disabilities who attended existing community early childhood programs.

During the refinement of project objectives, a number of elements were identified as contributing to the successful inclusion of young children with disabilities in natural group environments to receive early intervention. These will each be separately discussed. **These formed the basis of the training (both workshop and replication) which occurred in the outreach project.** Table 1 contains a list of the elements. Following is a description of each.

1. A program philosophy for inclusive early childhood services. It has been suggested that a clear philosophy that dictates the goals and services of an intervention program is necessary to ensure a sense of professionalism and cohesiveness among staff (McDaniels, 1977). It has been further documented that programs which do operate from a set of well defined philosophical assumptions tend to generate services that are effective for both children and families (Bricker, 1989; Dunst, Trivette, & Cross, 1986; Foster, Berger, & McLean, 1981; Hanson & Lynch, 1989; Karnes & Stayton, 1988; Paine, Bellamy, & Wilcox, 1984). Unfortunately, early intervention programs often neglect a philosophical perspective in their zeal to provide services to young children and families (Sheehan & Gradel, 1983).

Recently, both public law (IDEA; ADA), and research on program efficacy, have shifted the focus of early intervention and early childhood special education. Rather than emphasizing the remediation of developmental deficits in children by individual staff (representing different disciplines), within specialized settings, new program models emphasize the facilitation of developmental competencies with children using a context which is family directed, community based and integrated. While components of the

Table 1

Model Elements

A program philosophy for inclusive early childhood services

A consistent and on-going system for family involvement

A system of team planning and program implementation

A system of collaboration and communication with other agencies that provide services to young children with disabilities and their families

A well constructed individualized education program or individualized family service plan which dictates the instructional targets

Integrated delivery of educational and related services

A consistent and on-going system for training and staff development

A comprehensive system for evaluating the effectiveness of the program traditional intervention model can be incorporated into the design of more responsive service systems, many programs and staff have yet to conceptualize a philosophy to guide the development of newer service structures.

One solution to the lack of a guiding philosophy for programs and staff who are trying to incorporate both legal requirements and recommended best practice for early intervention and early childhood special education is the adoption of a program philosophy which revolves around inclusive services. For example, an inclusive school is a place where everyone belongs, is accepted, supports, and is supported by his or her peers in the course of having his or her individual educational needs met (Stainback & Stainback, 1990). Recently this philosophy has been recommended as the foundation for all early childhood services (Sailor, et al., 1989; Salisbury, 1991), and this guided the service delivery implemented by the Community Integration Project.

2. **A consistent and ongoing system for family involvement.** It has been suggested that intervention services for young children should be based upon the premise that the family is the enduring and central force in the life of the child, and as such, any services should be provided according to the lifestyles, values and priorities of the family. For example, each family brings unique resources to the task of parenting a child with disabilities, and these may vary according to cultural heritage, family structure and economic conditions (Lynch & Hanson, 1992; Vincent & Salisbury, 1988; Vincent, Salisbury, Strain, McCormick, & Tessier, 1990). To effectively accommodate the individual needs of all participating families, early intervention and early childhood special education staff must be able to document the concerns, resources and priorities of families, communicate effectively in order to

collaboratively establish intervention goals for children and their families, and provide intervention to children within the context of their families. Successful implementation of the Community Integration Project depended on a commitment to the family as the primary decision maker and partner in the delivery of community based early intervention and early childhood special education services.

3. A system of team planning and program implementation. There is no doubt that young children with disabilities and their families require the services of professionals with a wide variety of skills (Bailey, 1989). Personnel having medical expertise, therapeutic expertise, educational expertise, and social service expertise are necessary to help establish and implement a viable intervention program. The provisions of IDEA require that both the assessment and the IEP/IFSP be completed by a multidisciplinary team (which includes the family). However, moving from a group of individuals to a functional team requires much more than bestowing the label of a team on the group. A group of people become a team when their purpose and function are derived from a common philosophy with shared goals (Maddux, 1988).

The types of teams that typically function within early intervention and early childhood special education have been identified as multidisciplinary, interdisciplinary and transdisciplinary. The transdisciplinary team model has been identified as the ideal for inclusive models of early intervention and early childhood special education (Odom & McEvoy, 1990b), though other team models have been identified and used for service delivery (Gibbs & Teti, 1990; Hanson & Lynch, 1989; McGonigel & Garland, 1988; Raver & Zigler, 1991).

On a transdisciplinary team, the members share roles and systematically cross discipline boundaries (Rainforth, York & Macdonald, 1992). The communication style in this type of model involves continuous give and take between all the members of the team (especially the parents) on a regular, planned basis. Professionals from different disciplines teach, learn, and work together to accomplish a common set of service goals for a child and their family. Assessment, intervention, and evaluation are carried out jointly by designated members of the team.

The Community Integration Project adopted a transdisciplinary model of team functioning for each participating child and family. One integral component of the team process was the establishment of team meetings during which the team members (including the family) identified and adopted goals and objectives for service delivery.

4. A system of collaboration and communication with other agencies that provide services to young children with disabilities and their families. It is clear that few agencies have the resources to provide a total continuum of services to deal with all the issues that may impinge upon a young child with disabilities and his or her family. Therefore, agencies, programs, and staff must be prepared to cooperate and collaborate for the benefit of the child. For example, a child who receives intervention services within a community based program requires the expertise and services of both the intervention program staff and the community program staff.

It has recently been suggested that the focus of interagency models should shift from cooperative arrangements among agencies to collaborations focused on joint service delivery (Melaville & Blank, 1991). Collaborations require the involved agencies to agree on a common philosophy and service goal which necessitates joint agency activities (Kagan, 1991). A collaborative model of interagency functioning seems most appropriate for an early intervention model which utilizes community programs as service delivery placements. The Community Integration Program utilized an interagency collaborative model which was developed and maintained by the needs of both the participating child and family, and the participating staff from each program and agency.

5. A well constructed Individualized Education Program or Individualized Family Service Plan which dictates the instructional content for each participating child. The IEP or IFSP should facilitate the process through which the child's team (e.g., family, intervention staff, and community program staff) articulate the developmental and behavioral outcomes the child will attain as a result of participating in the early childhood program. The IEP/IFSP is intended to be a planning document, which shapes and guides the day to day provision of intervention services. Rather than a listing of developmental skills which the child has not yet mastered (divided by domain or discipline), it has been suggested that the IEP/IFSP contain individualized goals and intervention strategies that are functional and imbedded within daily activities and routines (Rainforth, York & Macdonald, 1992).

One way to articulate these goals is to utilize the Individualized Curricula Sequencing Model when developing instructional content (Mulligan & Guess, 1984). This approach utilizes a methodology which identifies the critical skills to be taught to the child, which are then cross referenced to the child's daily activities within natural environments. These naturally occurring activities and routines become intervention opportunities during which natural strategies of instruction can be incorporated. The Community Integration Project developed the participating child's IEP/IFSP to reflect the skills necessary for the child to participate in natural environments and daily routines.

6. **Integrated delivery of educational and related services.** It has been recommended that all interventions occur within a child's natural environment throughout typical routines and activities. (Bricker & Cripe, 1992; Rainforth & Salisbury, 1988). By capitalizing on the child's interests, preferences, and actions, emphasis is placed on the child's initiations rather than on an individual service provider's choices. In addition, interventions delivered in this manner encourage the acquisition of generalizable and functional skills (Mulligan & Guess, 1984). This is accomplished by crossing developmental domains in the same activity, using naturalistic instructional strategies, and promoting creativity and independence. For example, during snack time, objectives from several developmental domains such as self-help, communication, and fine motor skills may be implemented. In order for this to occur, a system of role release must be implemented among the various professionals and paraprofessionals who are responsible for implementing a child's intervention program.

Role release refers to a "sharing and exchange of certain roles and responsibilities among team members" (Lyon & Lyon, 1980; Orelove & Sobsey, 1991). It specifically involves a "releasing" of some functions traditionally associated with a specific professional discipline. Effective implementation of the role release process requires adequate sharing of information and training through a collaborative consultation process (Idol & West, 1987). Additionally, team members must have a solid foundation in their own discipline combined with a knowledge base that recognizes the roles and competencies of the other disciplines represented on the team (Rainforth, York, & Macdonald, 1992).

In the Community Integration Project, the child's program was primarily implemented by a single person or a few persons. The role of the direct service provider was supported through the process of role release with ongoing consultation provided by team members from the various disciplines. This did not mean that only the teacher provided direct services to the child. In reality, in order for consultants to be effective, they maintained direct contact with the child. The provision of consultation services was never used as a strategy to justify the reduction of intervention staff.

7. A consistent and ongoing system for training and staff development. Inservice education had been defined as the process by which service personnel would be provided experiences designed to improve or change professional practice (Bailey, 1989). Generally, the objectives of inservice training include the changing of attitudes, the acquisition of new knowledge, and the development and enhancement of technical skills (Laird, 1985; Bernstein & Zarnick, 1982). The desired outcome of inservice training is for the participants to internalize new knowledge and apply what has been learned to their specific professional need (Barcus, Everson, & Hall, 1987).

The implementation of staff development programs should be planned carefully to incorporate effective inservice procedures which are designed from an ecological perspective. This means that all members of a staff, including administrative personnel, should be a part of the training efforts so that it does not become the responsibility of one member of the team to facilitate change in other team members. In order to be effective, training must be based on the needs and values identified by the trainees.

The Community Integration Project required that staff development become part of the ongoing responsibilities of each team member. This required the allocation of time and resources from the intervention program to enable staff the opportunity to develop self identified skills. Both the goals and the process for reaching these goals were individualized for each staff member. Staff development plans incorporated a variety of options for training which included workshops, college coursework, learning from a mentor and videotaped training activities.

8. A comprehensive system for evaluating the effectiveness of the program. One area which must be highlighted within early intervention and early childhood special education programs is evaluation (Dunst, 1988; Farran, 1990; Guralnick, 1988). Recent scrutiny of efficacy outcomes has been an increased awareness of the importance of evaluation as it relates to the improvement and expansion of the service system for young children with disabilities and their families.

Early intervention and early childhood special education programs must consider a number of issues when designing evaluation plans. These include the heterogeneity of the population, the inability of many developmental assessments to measure small increments of progress, and the methodological limitations inherent to evaluation efforts involving non standardized interventions and service settings. For these, as well as other reasons, it has been suggested that evaluation of early intervention and early childhood special education be multidimensional (Johnson, 1988; Sheehan & Gallagher, 1983), and match the specific goals of the individual interventions. For example, evaluation and measurement procedures could examine the child's attainment of goals such as interactional competence, contingency awareness or engagement with the environment. In addition, programs could measure the outcomes of various family variables such as independent resource management or recruitment of support networks. Last, the program could measure aspects of the environment, including staff status. All measures should be conducted on both a formative (during program operation) and a summative (at the completion of services) schedule. This type of evaluation plan was utilized by the Community Integration Project.

4. Outreach Philosophy

In addition to the model elements which will guide the content of outreach training, the proposed project encompassed a philosophy of adult learning which guided the outreach training process. The philosophy is derived from Knowles (1980) and includes a number of principles which will be described:

The need to know. Adults will learn more effectively if they understand why they need to know certain information, or why they must have the ability to perform particular skills. Adult learners must be able to see that the benefit of learning a skill will outweigh the cost of the time and effort it takes to learn it. The more adults can see the benefit to learning, the stronger they will feel the "need to know."

The need to be self directed. As people mature into adulthood, they have a deep psychological need to be responsible for their own lives. Cultural conditions will obviously enhance or retard this process, but there comes a time in the psychological development of adults when they "feel like an adult". At this point in time, adults will resent being told what to do and having decisions made for them. Adult learners are more successful if they can take responsibility for their own learning.

The importance of experience. Adults, by virtue of their age and life experiences, bring a vast amount of knowledge and a wide variety of experiences with them to the classroom. This wealth of life experience can result in the following consequences for the training program:

a) Groups of trainees will have wide and varied backgrounds, therefore, the training staff will have to individualize instruction;

b) Adults are a rich source of information for themselves and the other trainees because of their experiences. The training staff should take advantage of these experiences by using techniques such as group discussion and brainstorming;

c) Adults may have some rigid ways of thinking that consequently interfere with learning. The training staff may need to "unfreeze" these ways of thinking through activities such as sensitivity training or values clarification.

The readiness to learn. Adults will learn the things that they perceive will bring them greater satisfaction or success in life. As adults move through various stages of psychological and social development, their readiness to learn is reflected accordingly. For example, adults are interested in learning job specific skills when they acquire a job. As a result, it is important for the training staff to understand that learning opportunities should be offered in a timely fashion on topics of immediate value.

Orientation to learning. Adults see the reason for learning as acquiring competencies that will enable them to cope more effectively with life, perform life tasks and solve real problems. Training staff need to organize training programs around real world issues that confront adults from day to day.

Outreach Methods

A variety of **training** objectives will be implemented within the two outreach components of dissemination and replication. The components of management and evaluation will provide the infrastructure to ensure the integrity and effectiveness of the project. The specific objectives and activities for each component are listed and described within Section IV of this proposal. The content and procedures of the outreach objectives for the dissemination and replication components incorporate recommendations from Swan (1981) who outlines outreach functions. These functions include awareness, information, skill acquisition, application and mastery. These will be described for the dissemination and replication components.

5. Dissemination

The dissemination component focused on expanding the knowledge base of persons interested in an inclusive model of early intervention. This occurred through both **awareness** and **information** sharing objectives. These included:

The development and distribution of a project brochure throughout NYS.

The development and display of a project poster at state and national meetings.

Presentations on the model demonstration at local, state and national meetings for various audiences.

Presentations on the outreach model at local state and national meetings for various audiences.

Articles in journals and newsletters for various state and national audiences.

The refinement and distribution of two training manuals on model demonstration elements through workshops and requests from state and national audiences.

Workshops on the model demonstration elements in NYS.

Consultation on inclusionary issues to programs (early intervention, community programs and/or families).

Meetings with NYS officials to discuss progress of project and policy implications.

In particular, the workshop, consultation, and state level meetings will be further explained:

Workshops are a low cost, high visibility mechanism for disseminating information. The workshops were conducted on the model demonstration elements and service delivery procedures. They were offered throughout NYS in counties (N=62 or regions) for groups of 25-200 people and were between three and five hours in length. The workshops were sponsored by NYSAC and they will be open to county officials, service providers and families at no cost. The agendas for training were outlined in detail for the specific county requesting training. The workshops were conducted by the project coordinator or training associate and NYSAC training associate. Each workshop was comprised of a variety of training methods, such as case studies, application activities and individual tasks.

Consultation was provided on a case specific basis to families, early intervention programs, community early childhood programs, Head Start Programs, and state and county officials. Consultation requests will be coordinated through the project coordinator and will be initially responded to by a phone call or letter, and, any products which were helpful to the requesting party were sent out. The consultation was provided on any aspect of implementing an inclusive early childhood program. Follow-up was conducted on all consultations one month after the request has been addressed. If appropriate, those requesting consultation were referred to a workshop or replication site for further assistance.

Lastly, **information** was continually provided to state early intervention officials (DOH; DOE county representatives) in NYS. Monthly phone contacts were supplemented by the distribution of quarterly progress reports and twice yearly meetings with project staff. This dissemination activity is extremely important for state policy refinement and development, as well as project accountability and responsiveness to state needs.

6. Replication

The replication component of the outreach project provided training, technical assistance, and follow-up to programs (both early intervention and community early childhood) to enable them to implement an inclusive model of services for young children (birth to five) with disabilities. The replication objectives focused on skill **acquisition, application,** and **mastery** of model demonstration procedures. These include:

Needs assessments of all programs interested in model replication.

The design of individualized training plans for participating programs, staff, and families.

The implementation of training content on model elements and service delivery procedures through group training sessions.

The provision of technical assistance to complete skill based competencies on the application of training content.

The provision of follow-up support and training to ensure mastery of model replication.

The training content for replication consisted of the model elements. The elements were covered in the context of service delivery procedures through a series of small group training sessions. The sessions were implemented over a three month time frame and they will each be at least two hours long. The sessions included a variety of training methods and skill based competencies required of each participant during training. The principles of adult learning outlined in the previous section were used.

Technical Assistance (TA) and **follow-up** were then provided to replication sites after completion of training. This assistance focused on the application of model elements (via competency tasks) to ensure an inclusive early childhood program was implemented effectively.

VII. PROBLEMS

No unexpected problems were encountered during this project.

VIII. PROJECT FINDINGS

To date, this project has been implemented as planned. Marie Brand is the project coordinator. Project timelines have been met as planned. Following is an update of each of the outreach goals and objectives to date.

Goal 1.0 Management and Internal Support. To ensure that activities are completed as scheduled and there is maximum coordination within each component of the project and with outside agencies.

Objective 1.1 Finalize agency subcontract. The NYSAC agreement has been canceled because they felt that they would not have time to implement joint workshops with the project. We are instead collaborating with the New York State Department of Education to train individuals who provide Three to Five services under an inclusion initiative.

Objective 1.2 Hire project staff. All project staff necessary for the successful implementation of the project have been hired. A project secretary was recruited and subsequently hired early in the first quarter of Year 1. All staff are operational at this time. Appendix A includes vitae for the project staff.

Objective 1.3 Provide staff development opportunities. The project director has developed a staff development plan which includes both individual and group objectives for ongoing training. Initial staff training has been provided by the project director to all staff on project elements and procedures. Individual staff development plans have been developed and implemented. Project staff participated in ongoing staff development and training activities throughout the final months of the project. Thus far, the project staff have attended training through the project directors meeting and they have attended workshops conducted by Pip Campbell, Carl Dunst, Michael Guralnick, Barbara Buswell, Alan Bergman, John Agusta, Ose Cole, David Hoffman, and Lisbeth Vincent.

Objective 1.4 Monitor/refine project activities. The project activities have been formally monitored and refined by the project coordinator and other staff on a weekly basis. Project activities were reviewed on a weekly basis throughout the duration of the project.

Objective 1.5 Monitor/refine timelines. Project timelines have been formulated and refined. A system was put in place whereby these timelines were monitored and refined on an ongoing basis in conjunction with reporting procedures. The timelines for activities have been monitored weekly by the project director and the project coordinator through formative evaluation procedures throughout the duration of the project.

Objective 1.6 Monitor/refine data collection system. The data system has been monitored. Formative and summative data procedures have been refined by the project director and project coordinator on a monthly basis.

Objective 1.7 Coordinate data entry and storage procedures. The data entry and storage procedures have been coordinated across training sites by the evaluation specialist. Project staff coordinated with the evaluation specialist and enter the data into the IBM SPSS system.

Objective 1.8 Coordinate project activities with other agencies. The project activities have been coordinated with state agency personnel in NYS (Larry Waite, Part B; Frank Zollo, Part H; and Head Start personnel through the RAP office, Dinah Heller). The above-mentioned persons have received quarterly phone calls from the project director and have held group meetings with the director and coordinator. The project has also coordinated with local agencies involved in the provision of early intervention in those areas in which training is occurring through quarterly interagency meetings.

Objective 1.9 Complete quarterly reports. Progress reports have been developed by the coordinator on project activities on a quarterly basis.

Goals 2.0 Dissemination. To provide information and knowledge on model elements and service delivery procedures to those interested in inclusive early intervention services.

Objective 2.1 Develop brochure on outreach project. A project brochure has been designed and printed to use for dissemination and project recruitment. It contains information on outreach components (including products and consultation), and eligibility criteria for early interventionists, families, child care providers, programs, and agencies who wish to participate in outreach activities. It has been distributed at meetings and training activities, and mailed as requested to interested participants. Appendix B contains a copy of the project brochure which has been updated to reflect the change in our affiliation with NYSAC.

Objective 2.2 Develop project poster. A poster has been designed and developed for use at conference presentations. The poster includes information on outreach activities and model elements for replication. Poster presentations have been made at the annual DEC conventions in Washington, D.C., as well as the annual EEPCD Project Directors Meetings sponsored by NECTAS also in Washington, D.C.

Objective 2.3 Refine workbooks on model procedures and elements. The workbooks which have been used for training during model development were consolidated and refined to use with the specific audiences participating in this training project. To date, two workbooks have been completed: "Inclusion: A Right Not a Privilege" and "Steps to a Better IFSP." Appendix C contains samples of each.

Objective 2.4 Refine procedural handbook. Project staff incorporated the basic components of training into the two workbooks described in Objective 2.3. Appendix D contains these components.

Objective 2.5 Present model development description and results at local, state, and national meetings for professionals and parents. Presentations have been conducted at meetings for the purpose of dissemination and information on the inclusive model for early intervention. Appendix E contains a list of presentations made at local, state, and national meetings.

Objective 2.6 Provide workshops on demonstration model elements to parents and/or professionals. Workshops have been developed to provide information to both parents and professionals. The workshops consist of lectures, case studies, discussions, activities, and practical applications of model procedures. The time commitment for participants varies according to the specific setup of the workshop. To date, fifty (50) workshops with 1,898 participants have been completed. Some workshops have been incorporated into full-day trainings and seminars held by specific counties. For example, the Suffolk County Department of Health and the Westchester County Department of Health sponsored full-day seminars for early intervention providers in their respective counties. Project staff presented the Community Inclusion Workshop as part of their agenda. In other cases, the project workshop was held within approximately a half-day time frame. Appendix F contains a full training schedule, including Workshops, Institutes and Technical Assistance. Also included are Agendas, Participant Lists and Workshop data broken down by participant.

Objective 2.7 Provide consultation by phone or letter to agencies, professionals or parents on issues related to inclusive early intervention. Consultation has been provided to interested parties on child, program or family related issues on the development, implementation, or design of inclusive early intervention options for young children with disabilities.

Objective 2.8 Provide information to state agency personnel through the dissemination of quarterly reports, monthly phone calls, and twice yearly meetings. Information on the development, implementation, and evaluation of the project has been provided to state agency personnel in both written, phone, and face to face meetings. Meetings have been conducted with both the New York State Education Department as well as the New York State Department of Health to determine ways in which the project can support state initiatives. Follow-up letters to each of these agencies have been included in Appendix G.

Objective 2.9 Submit descriptions and results of outreach project to newsletters, journals, and other publications. The development, implementation, and evaluation of the outreach activities will be disseminated to newsletters, journals, and other publications who have audiences who would be interested in the outcomes of the project replication. The articles were written for the specific audience of the publication and included information on the effectiveness and use of the model. Publications have been included in Appendix H.

Goal 3.0 Model Replication. To provide training and technical assistance on model elements and service delivery procedures to those interested in inclusive early intervention services.

Objective 3.1 Conduct needs assessments with agencies interested in receiving training and technical assistance. The specific training needs of a program (either early intervention or community program) interested in project replication have been conducted prior to the design of replication training. A needs assessment tool (also used as a replication checklist) has been jointly completed by project staff and participating program staff interested in training. The results of the tool were used to establish the training objectives, and to design the training sessions. Sample evaluation tools have been included in Appendix I of the original report. Appendix J includes a sample of the Program Review used to determine the specific needs of each program or agency.

Objective 3.2 Finalize agreements with agencies interested in receiving training and technical assistance for project replication. Contracts have been developed between project staff and program or agency staff interested in replicating the inclusive model of early intervention. The contact contains information on the replication requirements, in particular, the training and technical assistance provided by project staff. The contract contains a schedule of training, the names of those participating in the training, the outcomes (both process and products) of the training and the follow-up requirements of training. The contract also contains the specific supports to be provided by the outreach project to the participating program. A sample contract and copies of additional evaluation instruments have been included in Appendix J.

Objective 3.3 Establish training protocols with participating agencies. Training protocols for project replication were developed by project staff. The protocols contained objectives, agendas, content, readings, activities, evaluation outcomes (including competency tasks), and participants. The protocols were audience specific (e.g., early intervention staff, families, etc.) or include a mixed audience.

Objective 3.4 Refine procedural handbook on project replication. Components necessary for the effective implementation of an inclusive community based program for children birth to five have been defined in the workbooks compiled by project staff.

Objective 3.5 Provide training to participating agencies (including parents) on model elements and service delivery procedures. Project staff has initiated a number of full institute trainings. Project staff continues to pursue intensive follow-up with agencies that have participated in workshops, in order to recruit districts interested in full institute training and technical assistance. Twenty-one (21) Institutes have been conducted with 227 participants. Lists of participants, pre/post-questionnaire data and task outlines from Institutes have been included in Appendix K. A large mailing was done during the first quarter of Year 3 to recruit new participants for Institute training. Appendix K contains a listing of all New York State Intervention Officials who received training information. Those who responded, however, preferred Workshop training at that time due to scheduling restraints at their agencies.

Objective 3.6 Provide ongoing technical assistance to participating agencies (including parents) on the application of training content to the development of model replication. Technical assistance has been provided to several families who expressed a desire to, or were in the process of, placing their child in an inclusive community setting. The technical assistance has been individual and has included information and support to enable the participants to implement the project elements to assist each child in receiving early intervention within an inclusive setting. Technical Assistance follow-up has been provided on an on-going basis to all agencies and staff who have participated in trainings. In addition, the project director made arrangements for project staff to assist New York State Preschool Grant Project coordinators with the evaluation of their projects by analyzing and graphing data for them. Appendix L contains technical assistance data.

Objective 3.7 Provide follow-up technical assistance to participating agencies and families after training is completed to ensure implementation of model elements and service delivery procedures. Follow-up support to the replication programs/agencies was provided by project staff for a period of up to one year following the completion of training. The follow-up was both individual and group, and included consultation. Technical assistance has been provided for Educational Equity Concepts in New York City, New York. Initial request and feedback have been included in Appendix L.

Goal 4.0 Evaluation. To evaluate the implementation of information, training, and technical assistance outreach activities for inclusive early intervention programs.

Objective 4.1 Monitor/refine evaluation questions. The questions for evaluation have been monitored and refined/revised as needed. At a minimum, monthly refinement of the evaluation plan has occurred by the key personnel (director, coordinator, evaluation specialist).

Objective 4.2 Evaluate management component. The management component continues to be evaluated by the project director to ensure that the project is being managed in an effective and efficient manner.

Objective 4.3 Evaluate dissemination component. The dissemination component has been evaluated to ensure that the outreach activities and outcomes have been disseminated to anyone interested in the development and evaluation of inclusive early childhood options for young children with disabilities. The majority of dissemination was done through the completion of workshop trainings. A list of workshop participants follows on Table 2. A detailed breakdown of workshop trainings has been included in Appendix F, a full schedule of trainings is also included also in Appendix F, and a full dissemination record has been included in Appendix E.

The following programs participated in Workshop training over the three years of the project. Detailed descriptions and data are included in Appendix F.

Table 2. Programs receiving Workshop training with the Community Inclusion Project during the 1993-1994 year (year 1)

PROGRAM (CONTACT PERSON)	TYPE OF TRAINING	TRAINING DATE
Jodi Greenbaum WESTCOP	Workshop	9/27/93
Janice Orland, Dir. Suffolk County Dept. of Health	Workshop	10/13/93
Susan Kaplan, Dir. Westchester County Dept. of Health Valhalla, NY	Workshop	10/14/93
Jodi Greenbaum WESTCOP	Workshop	10/20/93
Mariellen Cupini Rochester Children's Nursery Rochester, NY	Workshop	2/2/94
NYS Inclusion Conference Albany, NY	Workshop	3/9/94
Resource Access Project (RAP) Head Start Training Syracuse, NY	Workshops (3)	3/23/94 & 3/24/94
Nassau County DOH Mineola, NY	Workshop	3/25/94
Head Start RAPP Conference	Workshop	5/9/94
NYS Head Start Association Meeting	Workshop	5/18/94
New York State Workshop Series	Workshops (8) - Buffalo, NY - Rochester, NY - Liverpool, NY - Ronkonkoma, NY - Queens, NY - Manhattan, NY - White Plains, NY - Albany, NY	 7/25/94 7/26/94 7/27/94 7/29/94 8/4/94 8/15/94 8/8/94 8/9/94
Rockland Council for Children	Workshops	10/94

Table 2. (continued) Programs receiving Workshop training with the Community Inclusion Project during the 1994-1995 year (year 2)

PROGRAM (CONTACT PERSON)	TYPE OF TRAINING	TRAINING DATE
Center for Adolescent Services Betty Gifford	Workshop	10/21/94
Rockland Council for Young Children Irene Young	Workshop	10/29/94
Center for Adolescent Services Betty Gifford	Workshop	12/9/94
Sullivan County Community College Mary Ann Wilson	Workshop	1/12/95
Interdisciplinary Center for Child Development Joyce Glassman	Workshop	1/18/95
Children's Library Association of Suffolk County Barbara Jordan	Workshop	1/24/95
Center for Adolescent Services Betty Gifford	Workshop	12/9/94 and 1/13/95
Preschool Advisory Committee Latham, NY	Workshop	1/18/95
Orange County Community College Mary Ann Wilson	Workshop	2/16/95
Preschool Grant Projects Pat Geary	Workshop	3/30/95
Albany County Head Start Sue Haines	Workshop	3/31/95
Early Childhood Direction Center Rosa Garcia	Workshop	4/11/95
New York State Inclusion Conference Albany, NY	Workshop	5/23/95
The Opportunity Preschool Linda Fischer	Workshop	6/12/95
The Opportunity Preschool Linda Fischer	Workshop	6/13/95

Table 2. (continued) Programs receiving Workshop training with the Community Inclusion Project (year 3).

PROGRAM (CONTACT PERSON)	TYPE OF TRAINING	TRAINING DATE
Syracuse, NY	Workshop	8/24 - 8/25/95
Glens Falls, NY	Workshop	9/7 - 9/8/95
Long Island, NY	Workshop	9/14 - 9/15/95
Albany, NY	Workshop	9/20/95
White Plains, NY	Workshop	9/27 - 9/28/95
Preschool Grant Projects	Workshop	9/19/95
Rainbow Chimes	Workshop	10/9/95
RAP Head Start	Workshop	11/13/95
Delaware County Public Health	Workshop	3/27/96
Kenwood Child Development Center	Workshop	5/2/96
Kenwood Child Development Center	Workshop	5/16/96
Early Childhood Learning Center	Workshop	5/22/96
St. Francis Pre-K	Workshop	8/1/96
Steuben County Children's Services	Workshop	8/6/96

Interdisciplinary Center for Child Development

The Interdisciplinary Center for Child Development (ICCD) has two locations, one in Bayside, New York, and one in Rego Park, New York. They are a center-based program for three to five year olds, employing approximately 35 staff at each site.

Background information was obtained from 22 of the total 23 workshop participants. Of the 22, 33% completed high school, 24% completed an Associate's Degree, 15% completed a B.A. or B.S., 15% completed an M.A. or M.S., 10% completed a CCC-SLP (Speech Language Pathology), 5% completed an M.Ed., and 5% completed an M.S.W. Of these participants (N=22), 55% were teacher assistants, 23% were teachers, 14% were therapists, 5% were social workers, and 5% were consultants. When asked to complete the Consumer Satisfaction, responses ranged from a low of "this information is relevant and can be applied to my work situation" ($x=4.13$, $sd=1.08$) to a high of "presenter was knowledgeable in the subject ($x=4.75$, $sd=.85$). Participants felt that information was presented well, but as many of the staff had not yet had occasion to work with any children with disabilities, they were unsure of their need to know how to adapt activities.

Children's Library Association of Suffolk County

The Children's Library Association of Suffolk County is a consortium of libraries and staff located throughout Suffolk County, New York. They offer a wide variety of activities for children and families and requested assistance in adapting activities for young children with disabilities and creating appropriate environments.

Looking at these workshop participants as a group (N=29), 34% reported having completed an M.A. or M.S., 10% completed a B.A. or B.S., and 3% completed an A.A. The remaining 52% were attending classes, but had not yet completed any degree programs. The discipline breakdown of workshop participants (N=30) showed 97% to be library staff, and 3% to be service coordinators.

Sullivan County Community College

This workshop was held for a group of representatives from a variety of local school districts in Sullivan County. They were applying, some individually and some as groups, for state funding to implement inclusive classrooms on the preschool as well as early level elementary years (i.e., kindergarten and grade 1). An overview of the components necessary for implementing inclusive programs was shared with the group, and they were given an opportunity to brainstorm "next steps" in incorporating wheat they learned into what they already do. Demographic information is not available as participants were on a limited time constraint and preferred a more informal discussion of the content. However, introductions revealed that all participants were Master level, permanently certified teachers and/or administrators.

The Center for Adolescent Services

The Center for Adolescent Services in Binghamton, New York, provides comprehensive services for teen parents, including full-day, on-site child care.

Known as "The Center," the staff requested assistance in the form of technical and theoretical training on all aspects of disabilities, implementing an inclusive program, and evaluating the effectiveness of what they do. "The Center" decided to collaborate with the Broome County Health Department and the High Risk Birth Clinic in Binghamton, and include children with disabilities in their daycare.

A detailed work plan has been prepared by the three agencies (The Center, Broome County Health Department, and High Risk Birth Clinic) and has been included in Appendix F. This workshop was completed over two (2) sessions and served as a basis for beginning an institute. The topic was "Establishing a Philosophy Toward Inclusion."

Preschool Special Education Advisory Committee

Conducted as part of a larger group meeting, project staff discussed national trends and LRE inclusion with committee members. Participants represented counties throughout New York State.

Preschool Grant Projects

This group represents project directors who have been approved for state funding to implement inclusive practices at their sites. Dr. Mary Beth Bruder has agreed to work closely with them as a group to refine and complete the evaluation component of their projects. Meetings have been held approximately every three months. The March 1995 workshop gave participants the opportunity to share successful practices and develop preliminary recommendations for local, state and federal levels to promote the education of preschool children in inclusive settings. the most recent meeting (September 1995) focused on the final evaluation of individual projects. Dr. Bruder stressed the importance of this evaluation piece and has offered project staff to assist in data analysis and graphing of final data for each project. This occurred through October 1995.

Albany County Head Start

Albany County Head Start currently operates four (4) centers in the City of Albany. Staff from all of these centers were invited to participate in this workshop which focused on appropriately developed IEP's. Two separate sessions were conducted, one in the morning and one in the afternoon.

The morning sessions, workshop 29 (N=14) was comprised of 43% holding an Associate's Degree, 43% holding a B.A. or B.S., 7% high school only, and 7% in other non-education related fields. A breakdown of morning participants by discipline (N=14) shows teachers--36%, teacher assistants--21%, administrators--21%, therapists--7%, service coordinators--7%, and family support workers--7%.

The afternoon workshop was a repeat of the morning session. The education level of participants (N=8) showed high school--50%, Associate's Degree--13%, B.A./B.S.--13%, M.Ed.--13% and other non-education related fields--13%. The discipline of participants (N=9) showed teachers--44%, teacher assistants--22%, non-education related--22%, and administrators--11%.

Head Start administered their own Consumer Satisfaction Questionnaire and shared with project staff that participants felt the workshop was well worth their while and provided them with many helpful ideas pertaining to well-constructed IEP's.

Early Childhood Direction Center

The Early Childhood Direction Center of Suffolk County held a provider's meeting for which they invited project staff to conduct a short workshop on the "Components of An Inclusive Early Intervention Program.

Orange County Community College

Orange County Community College invited project staff to address a group of undergraduate students and discuss issues pertaining to the inclusion of young children with disabilities into regular classroom settings. Students were very receptive to ideas that were relatively new to them. Project staff felt that this proved to be an excellent opportunity to educate new teachers regarding inclusion and prepare them to incorporate inclusion into their personal philosophies toward the education of young children.

The Opportunity Preschool

The Opportunity Preschool in Kings Park, New York, contacted project staff for the purpose of providing workshop training to all staff members. The agency director intends to establish an inclusive classroom consisting of two (2) to three (3) children without disabilities included in a classroom of children with disabilities.

Training objectives focused on establishing a philosophy toward inclusion, including families in the IEP process, and evaluating the environment. Day 1 (June 12, 1995) addressed one-half of the staff (teachers, assistants, clinicians, social workers, and administrators). Day 2 (June 13, 1995) addressed the other half of the staff. Several of these staff members were quite resistant to the idea of inclusion. Agency administrators assured all staff that training and support would be plentiful and ongoing in order to effectively complete this project.

Training was broken into two (2) groups. Looking at the first group of participants (N=28), 4% held a Ph.D., 35% reported having completed an M.A. or M.S., 18% held a B.A./B.S., and 25% completed high school. The discipline breakdown of workshop participants (N=28) showed teacher assistant, 28%; teacher, 25%; therapist, 29%; administrator, 7%; student, 4%; nurse, 4%; and social worker, 4%. Looking at the second training group (N=21) 10% reported holding an M.A./M.S., 19% reported holding a B.A./B.S., 10% had an A.A., and the remaining 58% held a high school diploma. The discipline breakdown of workshop participants (N=21) showed teacher, 15%; teacher assistant, 58%; social worker, 5%;, therapist, 14%; family support worker, 5%;' and non-education related, 5%.

Rainbow Chimes

Rainbow Chimes is a private child care center located in Huntington, New York. With a staff of almost fifty (50) teachers, therapists and assistants, Rainbow Chimes provides educational opportunities for children with disabilities and without disabilities, aged two (20 through five (5). The center contacted project staff and requested a large group overview of inclusion, including a focus on benefits and concerns for families and staff. The full agenda for this workshop included the importance of collaborative teamwork, creating an appropriate environment, and adapting classroom activities to meet the needs of all children.

Participants felt they received valuable information to help them make necessary changes in their classroom environments, teaching strategies, and family/staff collaboration.

RAP - Region IIa Head Start

Head Start contacted project staff and requested that we participate in their annual regional conference. Over six hundred staff and family members attended the conference and selected from a large number of workshops.

Project staff conducted a workshop focusing on strategies for adapting equipment and modifying activities for children with disabilities in regular education settings.

A small group of people attended this workshop which allowed much opportunity for sharing ideas and brainstorming strategies for home as well as classroom. Participants felt the workshop time was beneficial to them.

Participants consisted of the following disciplines: nurses, 12.5%; service coordinators, 25.0%; supervisors, 12.5%, teachers, 50%.

Of the total number of participants, 12.5% had high school diplomas only, 12.5% held A.A. degrees, 25% had B.A./B.S. degrees, 25% held M.A./M.S. degrees, 12.5% had Ed.D. degrees, and 12.5% were R.N.s.

Consumer satisfaction results ranged from a mean of 4.33 ("I found the environment to be comfortable.") to a mean of 5.00 (all items relating to presenter).

Delaware County Public Health

Delaware County Public Health overseas a very rural area of sites serving Birth to Three. Although some children to attend center-based programs, the majority of children in early intervention are in family day care sites. This workshop training pulled administrators from all disciplines together, as well as teachers, assistants and parents. Providing related services to children in natural environments will have to be done in some creative ways, such as rotating to one child's home as a group, and a different home the next time so that therapists can work with children in small groups rather than one-on-one in each home. Participants felt training was highly beneficial. A request was made for project staff to return and address specific issues confronted by family day care providers.

This group of twenty-nine (29) participants consisted mainly of teachers (21%, therapists (25%) and directors (14%). Nurses, parents and CPSE representatives, social workers and teacher assistants comprised the remainder of the group.

Consumer satisfaction results ranged from a low of 4.10 ("This information is relative to my work.") to a high of 4.90 ("Presenter was well-organized and prepared."). The majority of these participants worked with children in home-based settings. Since much of the content addressed small group activities and social interactions for young children, they did not see high relevance to their one-on-one home-based settings. The presenter stressed the need to expand opportunities for children to interact socially with other young children through participation in play groups, outings, recreational activities, or scheduled center-based events.

Kenwood Child Development Center, Albany, NY

This center has been providing preschoolers with and without disabilities day care for over 25 years. There are 255 children receiving services. The children are ages six weeks to six years. Kenwood believes themselves to have been a pioneer in the development of inclusive program options for young children. They are looking to enhance their program in the areas of parent communications, collaboration, and effective teamwork. Specific training objectives centered around family involvement, and teaming for inclusion.

Two workshops were presented at Kenwood. Each workshop focused on family involvement and teamwork. The first group of participants consisted of teachers (67%) and teacher assistants (33%). Of these disciplines, 8% had all A.A. degrees and 92% had a B.A. or B.S. degree.

Overall, this first group was highly pleased with the workshop. Mean scores for consumer satisfaction items ranged from 4.75 ("...adequate time for breaks") to 5.0 (all areas relating to content and presenters).

The second workshop focused on the same content area, but was tailored to meet the needs of social workers and service coordinators. Of this group, 27.3% had A.A. degrees, 54.5% had B.A./B.S. degrees, and 18.2% had M.A./M.S. degrees.

Consumer satisfaction ranged from 4.74 (adequate time for breaks) to 5.0 (all areas related to content and presenter).

Early Childhood Learning Center, South Cairo, NY

Providing both early intervention and pre-K services to over 100 children, the Early Childhood Learning Center has both center-based as well as home-based settings. Due to the rural environment, collaboration across team members has been challenging. Workshop objectives included teamwork, and integrating related services into nationally occurring routines.

These participants consisted mainly of directors (33.3%), consultants (13.3%), and non-education related (13.3%) people. Of this group, 40% had high school diplomas only, 20% had A.A. degrees, 26.7% had B.A./B.S. degrees, and 13.3% had M.Ed. degrees.

Consumer satisfaction results ranged from lows of 4.14 to 4.57 (items relating to the environment and training location arranged by the Learning Center) to highs of 4.71 to 4.86 relating to content and presenter.

St. Francis Pre-K

St. Francis Pre-K provides services to over 100 children. We looked at all components necessary for inclusion. These participants were comprised predominantly of teachers and teacher assistants, each 29.65, and therapists, 22.2%.

The education level of the group included: high school, 22.2%; A.A., 7.4%; B.A./B.S., 18.5%; M.A./M.S., 29.6%; M.Ed., 18.5%; and post master's, 3.7%.

This group was very enthusiastic about the training and engaged in issue-specific discussions at the close of the workshop. Time was late (this was an evening workshop) and consumer satisfaction evaluations were not completed.

Steuben County Special Children's Services

Steuben County is a rural area in western upstate New York. Participants traveled from a far as 150 miles to attend this workshop. Unfortunately, only a very small number of people did attend (although almost 50-60 were expected by the director). This was an evening workshop which focused on Collaborative Teamwork, Including Families in the Process, and Appropriate IFSP Process.

Of the group, 33.3% were therapists, and 33.3% considered themselves to be "non-education related." An additional 16.7% were teachers and 16.7% service coordinators. The majority (33.3%) had M.A./M.S. degrees. The remainder was divided equally among M.S.W., R.N., B.A./B.S., and a group who did not shared educational background information.

Objective 4.4 Evaluate replication component. The replication component has been evaluated to ensure that the Community Inclusion Project was replicated accurately, resulting in an increase in the number of young children with disabilities who are participating in early intervention programs within community settings.

The replication made was Institute Training which consisted of a series of sessions covering the components necessary for a good inclusive program. Training topics included: Establishing a Philosophy Toward Inclusion; Creating a Consistent and Ongoing System for Family Involvement; Teaming for Inclusion; Collaboration with Others; Well-written IEP's and IFSP's;

Delivery of Educational and Related Services; Training and Staff Development; and Evaluating the Effectiveness of the Program. Preliminary meetings were held with each participating agency, and training objectives were determined. In this way, project staff was able to tailor the training to the specific needs of each participating agency. Pre/post Questionnaires, Participant Demographic Information and Consumer Satisfaction Questionnaires were administered to each person participating in each institute.

A list of institute participants follows on Table 3. Detailed information on each institute has been included in Appendix K. A full schedule of past and upcoming institute trainings has been included in Appendix F. Agency specific Institute descriptions follow.

Interdisciplinary Center for Child Development

The Interdisciplinary Center for Child Development (ICCD) has been described in the workshop participant descriptions under Objective 4.3 of this report. A small group of staff who also attended the workshop felt they would benefit from participation in the more extensive and comprehensive institute for the purpose of replication.

Evaluation of the educational level of these participants (N=23) showed that 24% held an M.A. or M.S. degree and 14% held an M.S.W. degree. High school staff represented 10% of the group, Associate's Degree 10% and B.A./B.S. 10%. Discipline of participants (N=23) shows the following breakdown: therapists,

Table 3. Programs having completed Institute training with the Community Inclusion Project from October 1993 to date.

PROGRAM (CONTACT PERSON)	TYPE OF TRAINING	TRAINING DATE
Westchester County DOH Hawthorne, NY Susanne Kaplan	Institute	2/1 - 3/29 94
Rochester Children's Nursery Rochester, NY Mariellen Corpini	Institute	2/3, 3/10, 4/14/94
Rochester Public Schools Rochester, NY Janice Hill	Institutes (4) - Rochester Preschool Parent Program - Family Learning Center - Florence Brown Program - School 14/Montessori	2/4, 3/11, 4/15/94
WARC - Children's School for Early Development Hawthorne, NY Kathy Higgins	Institute	3/1 - 5/4/94
Alcott School Scarsdale, NY Beth Farcas	Institutes (2) - Professionals - Paraprofessionals	3/18 - 6/15/94
ACLD - Kramer Learning Center Bayshore, NY Robin Rubin	Institute	4/20 - 6/1/94
Rochester Public Schools Rochester, NY Janice Hill	Institute	7/94

Table 3. (continued) Programs having completed Institute training with the Community Inclusion Project from October 1993 to date.

PROGRAM (CONTACT PERSON)	TYPE OF TRAINING	TRAINING DATE
New Rochelle Public Schools Gloria Strauss	Institute	9/94
Union Child Day Care Mary Ellen Herzog	Institute	10/94
Center for Adolescent Services Bette Gifford	Institute	11/10/94
Interdisciplinary Center for Child Development Denise Martin	Institute	11/30/94
First Step Early Childhood Center June Lindquist	Institute	1/11/95 - 5/95
Center for Adolescent Services Binghamton, NY	Institute	1/95 - 8/95
Opportunities Preschool King's Park, NY	Institute	5/24 - 6/13/95
Center for Adolescent Services Binghamton, NY	Trainer-the-Trainer Institute	2/96 - 4/96

43%; teacher assistants, 17%; social workers, 13%; teachers, 9%; supervisors, 9%; and service coordinators and directors, each 4%.

Pre/post score data revealed a range of 20%-60% (N=15, x=67.8%) on pre-test scores and a range of 80%-100% (N=15, x=93.5%).

First Step Early Childhood Center

First Step Early Childhood Center is a center-based agency for children with disabilities aged two to five years. They are looking to bring some children without disabilities into one classroom initially to serve as a model inclusive classroom. They feel they are already more than adequately adapting activities, individualizing and writing appropriate IFSP's and IEP's. We did, however, spend time looking closely at how their agency philosophy reflects inclusion and how their daily practice reflects that philosophy.

A breakdown of education level of participants (N=11) shows the majority (36%) of participants held either an M.A. or M.S. degree and an additional 18% held an M.S.W. and 9% held an M.Ed. Approximately 18% of participants held a B.A. or B.S. degree. Looking at the discipline of participants (N=11), teachers and therapists each represented 27% of the staff, social workers and directors each represented 18% of the staff, and the remaining 9% were in a supervisory capacity. Pre-post information will be available for the fourth quarter report.

The Center for Adolescent Services

The Center for Adolescent Services has been described under the workshop section of Objective 4.3 of this report. Several people from each of the three (3) collaborating agencies (The Center, Broome County Health Department, and High Risk Birth Clinic) have joined together to participate in the institute training which holds monthly sessions from 1/95 through 9/95.

Education level of participants shows the majority (38%) of participants (N=13) hold either a B.A. or B.S. degree. Approximately 30% are Master level educated and the remaining 23% have high school diplomas. Looking at disciplines of the participants (N=13) service coordinators, teaching assistants and social workers each represent 23% of the group. Approximately 15% are therapists and 8% are directors.

Pre-test data showed a range of 0% to 80% (N=5, x=40%). Post-test data showed a range of 90% to 100% (N=5, N=98%).

Pre-Post Comparisons

The paired t-test for 136 institute participants shows a significant increase in the score on the post test compared to their scores on the pre-test. The average score for the pre is 37.5 and on the post it is 90.2. This is a highly significant change (t135 = 29.10; p. < .000010>

Additional tests using repeated measures anovas shows a significant interaction of pre-post and discipline and a borderline interaction between pre-post and degree. In each case the data suggest that differences between groups on the pre-test (administrators and other providers scored higher than teachers and college graduates scored higher than non college graduates) are not reflected in differences in the post test, where all groups average approximately the same score.

VIII. PROJECT IMPACT

1. Contribution to Current Knowledge and Practice

The Community Inclusion Project expanded the knowledge base on early intervention services in a number of ways. **First**, the project translated findings from a demonstration project into training content and subsequent model replication activities, thus increasing the number of children with disabilities who will receive intervention in inclusionary placements. **Second**, the project expanded the knowledge base on the inclusion of children with disabilities into community early childhood programs through its evaluation design. **Third**, the project offered training on a model which was the first in Connecticut to systematically assist in the delivery of special education and related services to children with disabilities within community early childhood programs. **Fourth**, the project offered a variety of training activities consistent with the literature on adult learning, thus increasing the effectiveness of the training. **Last**, the program evaluated the effects of training across participants, programs and consumers (both immediate and long term) thus ensuring the systematic refinement of both model components and training activities.

2. Dissemination

There is an accumulating amount of literature on adapting or implementing educational innovations or service models (Paine, Bellamy & Wilcox, 1984). Inherent to any type of service delivery model is the premise that services should be evaluated ultimately on the basis of their benefits to consumers (in this instance, young children with disabilities and their families). Additionally, it has been suggested that innovations within service deliveries undergo a developmental process in which the delivery **techniques** are defined as procedures, materials, rules, activities or other environmental changes which alter the behavior for one or more persons. A collection of intervention techniques and administrative arrangements which contribute to behavioral changes across individuals is illustrative of a **demonstration**. The **model** was the prototype for the replication of the demonstration procedures across service settings, consumers, and administrative arrangements (Paine, Bellamy & Wilcox, 1984). During each of these service applications the processes for development and dissemination are quite different. Table 4 contains a breakdown of this system as presented by Paine and his colleagues. (For further information and application of this orientation, see Paine, et al., 1984).

Since this project represented the culmination of a demonstration which was based on inclusive service delivery techniques, it is appropriate to focus the dissemination efforts on the expansion of level 2 and initiation of level 3 as outlined in Table 5. Descriptions of the project were made at meetings as well as distributing a brochure, and displaying a poster which outlined the services. We developed training materials to use with our participants and the families they serve. These workbooks were available at cost for distribution to others not directly involved in training. Last, we recorded our outreach efforts and results (in accordance with the evaluation design) for articles and presentations to reach a national audience. Table 5 contains an outline of these activities.

Table 4.
Relationship between program development criteria and standards, dissemination purposes, and levels of development of innovative practices (Paine, Bellamy & Wilcox, 1984).

Level of Development	Criteria and Standards for Development	Dissemination Purpose
1. Techniques	1. Functional relationship between intervention and a behavior	a. Information for adaptation of intervention to fit user's purpose
	2. Operational definition and reliable measurement of the behavior	
	3. Definition and reliable use of the intervention	
2. Demonstrations	4. Consistency and reliable use of the consumers	b. Generation of support for service objective or method
	5. Social significance of behavior change	
	6. Socially acceptable intervention methods	
3. Model	7. Social valid relationship between intervention and behavioral results	c. Dissemination for replication or adoption
	8. Consistence if effects cross users	
	9. Advantage over alternative service delivery	
	10. Fidelity of implementation	

Table 5.
Dissemination Activities

Activity	Audience	Scope
Presentations on Early Childhood Special Education Community Integration Model and outcome data	Early interventionists State agency personnel Families	State level
Distribution of brochure describing training activities	Early interventionists State agency personnel Families	State level
Distribution by mailing monograph on best practices on the integration of special education and related services for children with disabilities placed in community early childhood programs	Early interventionists State agency personnel Personnel preparation programs	State level
Handbook on inclusive early intervention services	Families	State level
Training workbooks	Workshop participants	State level
Training manuals for project replication	Replication sites	State level
Presentations on project training content, methodology and outcomes	Early interventionists State and federal agency personnel Families Personnel preparation programs	National level

3. Replication

As stated, one component of this project included program replication of the Community Integration Project. We replicated all model elements within twenty-one (21) early intervention programs. Program replication consisted of training, onsite technical assistance, ongoing evaluation and follow-up support provided for one year. Appendix J contains a program replication checklist. Specific model elements were replicated by workshop participants. Workshops reached fifty-three (53) agencies (2,000 participants).

4. Outcomes

The major outcome of this project was the dissemination and replication of an inclusive early childhood service model for young children with disabilities. Additionally, project staff provided two levels of training which allowed participants to choose the preferred intensity of service adaptation and/or replication. There was a direct relationship between intervention programs that participate in the proposed outreach training and the quality of early intervention available to families and their children within NYS.

As a result of outreach funding, we were able over the past three years to:

- disseminate 3,000 project brochures;
- display the project poster at ten state and national conferences;
- present information on the model demonstration and outreach project at six state and national conferences;
- disseminate 2,000 workbooks on model demonstration elements;

- provide information to 2,o00 service providers, families, and policy makers on model demonstration elements and service delivery procedures through 53 workshops;
- provide training to 21 programs (over 200 staff) through institute training;
- provide consultation to 200 interested service providers, families, and policymakers on model demonstrations
- present information on project progress to state Part H and 619 coordinators through phone contacts, quarterly reports, and twice yearly meetings

X. FUTURE ACTIVITIES

None planned.

IX. ASSURANCE STATEMENT

This final report has been sent to ERIC and other agencies.

References

Bailey, D. B., Jr. (1989). Issues and directions in preparing professionals to work with young handicapped children and their families. In J. Gallagher, P. Trohanis, & R. Clifford (Eds.), Policy implementation and P.L. 99-457: Planning for young children with special needs (pp. 97-132). Baltimore, MD: Paul H. Brookes Publishing Co.

Bailey, D. B., Jr., & Winton, P. J. (1987). Stability and change in parents' expectations about mainstreaming. Topics in Early Childhood Special Education, 7(1), 73-88.

Barcus, M. J., Everson, J. M., & Hall, S. (1987). Inservice training in human service agencies and organizations. In J. M. Everson, M. J. Barcus, J. S. Moon, & M. V. Morton (Eds.), Achieving outcomes: A guide to interagency training in transition and supported employment (pp. 1-58). Richmond: VCU/RRTC.

Bernstein, G. S., & Zarnick, J. P. (1982). Proactive identification of staff development needs: A model and methodology. The Journal of the Association for the Severely Handicapped, 7(3), 97-104.

Blacher, J., & Turnbull, A. P. (1983). Are parents mainstreamed? A survey of parent interactions in the mainstreamed preschool. Education and Training of the Mentally Retarded, 18, 10-16.

Bricker, D. (1989). Legal and legislative decisions affecting early intervention. In Early Intervention for at Risk and Handicapped Infants, Toddlers and Preschool Children. Palo Alto, CA: Vort Corp.

Bricker, D., & Cripe, J. (1992). An activity based approach to early intervention. Baltimore, MD: Paul H. Brookes Publishing Co.

Buswell, B., & Schaffner, C. B. (1990). Families supporting inclusive schooling. In S. Stainback & W. Stainback (Eds.), Support networks for inclusive schooling (pp. 219-230). Baltimore, MD: Paul H. Brookes Publishing Co.

Danielson, L. C., & Bellamy, G. T. (1989). State variation in placement of children with handicaps in segregated environments. Exceptional Children, 55(5), 448-455.

Dunst, C. (1986). Overview of the efficacy of early intervention programs: Methodological and conceptual considerations. In L. Bickman & D. Weatherford (Eds.), Evaluating early intervention programs for severely handicapped children and their families (pp. 79-147). Austin, TX: PRO-ED.

Dunst, C., Trivette, C., & Cross, A. (1986). Mediating influences of social support: Personal, family and child outcomes. American Journal of Mental Deficiency, 90(4), 403-417.

Farran, D. C. (1990). Effects of intervention with disadvantaged and disabled children: A decade review. In S. J. Meisels & J. P. Shonkoff (Eds.), Handbook of early childhood intervention (pp. 501-539). Cambridge: Cambridge University Press.

Foster, M., Berger, M., & McLean, M. (1981). Rethinking a good idea: A reassessment of parent involvement. Topics in Early Childhood Special Education, 1, 55-66.

Gibbs, E., & Teti, D. (1990). Interdisciplinary assessment of infants: A guide for early intervention professionals. Baltimore, MD: Paul H. Brookes Publishing Co.

Green, A. L., & Stoneman, Z. (1989). Attitudes of mothers and fathers of non-handicapped children towards preschool mainstreaming. Journal of Early Intervention, 13(4), 292-304.

Guralnick, M. (1988). Efficacy research in early childhood intervention programs. In S. L. Odom & M. B. Karnes (Eds.), Early intervention for infants and children with handicaps: An empirical base (pp. 75-88). Baltimore, MD: Paul H. Brookes Publishing Co.

Guralnick, M. J. (1990). Major accomplishments and future directions in early childhood mainstreaming. Topics in Early Childhood Special Education, 10(2), 1-17.

Hanline, M. F., & Halvorsen, A. (1989). Parent perceptions of the integration transition process: Overcoming artificial barriers. Exceptional Children, 55(6), 487-492.

Hanson, J., & Lynch, E. (1989). Early intervention: Implementing child and family services for infants and toddlers who are at-risk or disabled. Austin, TX: PRO-ED.

Idol, L., & West, J. (1987). Consultation in special education (Part II): Theory and practice. Journal of Learning Disabilities, 20(8), 474-495.

Johnson, L. J. (1988). Program evaluation: The key to quality programming. In J. Jordon, J. Gallagher, P. Hutinger, & M. Karnes (Eds.), Early childhood special education: Birth to three (pp. 183-212). Reston, VA: The Council for Exceptional Children.

Kagan, S. L. (1991). United we stand: Collaboration for child care and early intervention and education services. Teachers College: University Park Press.

Karnes, M., & Stayton, V. (1988). Model programs for infants and toddlers with handicaps. In J. Jordon, J. Gallagher, P. Hutinger, & M. Karnes (Eds.), Early childhood special education: Birth to three (pp. 67-108). Reston, VA: The Council for Exceptional Children.

Knowles, M. (1980). The modern practice of adult education: From pedagogy to androgogy. Chicago: Association Press Follett Publishing Company.

Laird, D. (1985). Approaches to training and development (2nd ed.). Reading, MA: Addison-Wesley Publishing Company.

Lynch, E., & Hanson, M. (1992). Developing cross cultural competence: A guide for working with young children and their families. Baltimore, MD: Paul H. Brookes Publishing Co.

Lyon, S., & Lyon, G. (1980). Team functioning and staff development: A role release approach to providing integrated educational services for severely handicapped students. Journal of the Association for the Severely Handicapped, 5(3), 250-263.

Maddux, R. B. (1988). Team building: An exercise in leadership. Los Altos, CA: Crisp Publications.

McDaniels, G. (1977). Successful programs for young handicapped children. Educational Horizons, 56, 26-33.

McGonigel, M. J., & Garland, C. W. (1988). The individualized family service plan and the early intervention team: Team and family issues and recommended practices. Infants and Young Children, 1(1), 10-21.

Melaville, A. I., & Blank, M. J. (1991). What it takes: Structuring interagency partnerships to connect children and families with comprehensive services. Washington, DC: Education and Human Services Consortium.

Mulligan, M., & Guess, D. (1984). Using an individualized curriculum sequence model. In L. McCormick & R. L. Schiefelbusch (Eds.), Early language intervention (pp. 300-323). Columbus, OH: Merrill Publishing Co.

Odom, S., McConnell, S., & McEvoy, M. (1992). Social competence of young children with disabilities: Issues and strategies for intervention. Baltimore, MD: Paul H. Brookes Publishing Co.

Odom, S., & McEvoy, M. (1990b). Mainstreaming at the preschool level: Potential barriers and tasks for the field. Topics in Early Childhood Special Education, 10(2), 48-61.

Orelove, F., & Sobsey, M. (1991). Educating children with multiple disabilities. Baltimore, MD: Paul H. Brookes Publishing Co.

Paine, S., Bellamy, T., & Wilcox, B. (1984). Human services that work: From innovation to standard practice. Baltimore, MD: Paul H. Brookes Publishing Co.

Peck, C. A., Carlson, P., & Helmstetter, E. (1992). Parent and teacher perceptions of outcomes for typically developing children enrolled in integrated early childhood programs: A statewide survey. Journal of Early Intervention, 16(1), 53-63.

Rainforth, B., & Salisbury, C. L. (1988). Functional home programs: A model for therapists. Topics in Early Childhood Special Education, 7(4), 33-45.

Rainforth, B., York, J., & Macdonald, C. (1992). Collaborative teams for students with severe disabilities: Integrating therapy and educational services. Baltimore, MD: Brookes Publishing Co.

Raver, C., & Zigler, E. (1991). Three steps forward, two steps back: Head Start and measurement of social competence. Young Children, 46(4), 3-9.

Sailor, W., Anderson, J., Halvorsen, A., Doering, K., Filler, J., & Goetz, L. (1989). The comprehensive local school. Baltimore, MD: Paul H. Brookes Publishing Co.

Salisbury, C. L. (1991). Mainstreaming during the early childhood years. Exceptional Children, 58(2), 146-155.

Sheehan, R., & Gallagher, R. (1983). Conducting evaluations of infant intervention programs. In S. Garwood & R. Fewell (Eds.), Educating handicapped infants: Issues in development and intervention (pp. 495-524). Rockville, MD: Aspen.

Sheehan, R., & Gradel, K. (1983). Intervention models in early childhood special education. In S. Garwood (Ed.), Educating young handicapped children: A developmental approach (pp. 475-514). Rockville, MD: Aspen.

Stainback, S., & Stainback, W. (1990). Inclusive schooling. In W. Stainback & S. Stainback (Eds.), Support networks for inclusive schooling (pp. 3-24). Baltimore, MD: Paul H. Brookes Publishing Co.

Strully, J., & Strully, C. (1985). Friendship and our children. Journal of the Association for Persons with Severe Handicaps, 10, 223-227.

Swan, W. W. (1981). Revised indicators of impact of HCEEP outreach activities. In W. W. Swan (Ed.), Outreach: Disseminating programs, coordinating efforts, documenting impact. Proceedings of the 1980 HCEEP outreach project meeting (pp. 99-106). Ypsilanti, MI: High Scope Educational Research Foundation.

Turnbull, A., & Winton, P. (1983). A comparison of specialized and mainstreamed preschools from the perspectives of mothers of handicapped children. Journal of Pediatric Psychology, 8(1), 57-71.

Turnbull, A. P., & Blacher-Dixon, J. (1980). Preschool mainstreaming: Impact on parents. In J. J. Gallagher (Ed.), New directions for exceptional children: No. 1. Ecology of exceptional children (pp. 25-46). San Francisco, CA: Jossey-Bass.

Vincent, L., & Salisbury, C. (1988). Changing economic and social influences on family involvement. Topics in Early Childhood Special Education, 8(1), 48-59.

Vincent, L., Salisbury, C., Strain, P., McCormick, K., & Tessier, A. (1990). A behavioral-ecological approach to early intervention: Focus on cultural diversity. In S. J. Meisels & J. P. Shonkoff (Eds.), Handbook of early intervention (pp. 173-195). New York: Cambridge University Press.

APPENDIX A

CURRICULUM VITAE

PERSONAL INFORMATION:

Name:	Marie Brand
Home Address:	105 Prospect Avenue Middletown, New York 10940
Home Telephone:	(914) 344-1519
Office Address:	University of Connecticut Health Center Department of Pediatrics Farmington Avenue, Farm Hollow A200 Farmington, CT 06030

EDUCATION:

M.S.	New York Medical College - Valhalla, New York, 1993 Developmental Disabilities
M.S.	Mount St. Mary College - Newburgh, New York, 1992 Special Education
B.S.	University of Utah - Salt Lake City, 1974 Early Childhood/Elementary Education
	Ladycliff College, Highland Falls, New York, 1972 Psychology/Education

PROFESSIONAL EXPERIENCE:

Adjunct Professor, State University of New York at New Paltz New Paltz, NY	1995- Present
Coordinator, Community Inclusion Project for Young Children with Disabilities Division of Child and Family Studies Department of Pediatrics University of Connecticut School of Medicine Farmington, CT	1993- Present

PROFESSIONAL EXPERIENCE (continued):

Coordinator 1992 - 1993

Birth to Three Inservice Outreach Training Project
New York Medical College
Family Support/Early Intervention
Valhalla, New York

Co-coordinator, Day Care Inservice Training Project 1991 - 1992

New York Medical College
Family Support/Early Intervention
Valhalla, New York

Coordinator, Infant and Family Services Program 1990 - 1991

Sullivan Diagnostic Treatment Center
Harris, New York

Teacher/Supervisor, Preschool Program 1988 - 1989

Sullivan Diagnostic Treatment Center
Harris, New York

Manager, Retail 1984 - 1988

Liberty, New York

Teacher, Elementary School, Grades 2 and 3 1981 - 1984

Paterson Public Schools
Paterson, New Jersey

Private Tutoring 1977 - 1981

Bergen County
New Jersey

Teacher, Grades 1 and 2 1975 - 1977

Sacred Heart School
Haworth, New Jersey

CERTIFICATION:

New Jersey Permanent	Nursery - 6
New York Permanent	Nursery and K-6
New York Permanent	Special Education (K-12)

PROFESSIONAL ACTIVITIES:

3/92 - 8/92	State Technical Assistance Resource Network (STARN) - Daycare curriculum compilation and training
1990-1992	New York State Regional Planning Group

PROFESSIONAL ORGANIZATIONS:

The Council for Exceptional Children/International Division for Early Childhood (Advisory Committee)
National Association for the Education of Young Children
Orange County Child Abuse Task Force
New York State Infant/Toddler Coalition
Child Care Council of Westchester, Inc.

PRESENTATIONS:

01/95	Children's Library Association of Suffolk County "Creating Places That Welcome Children with Disabilities and Their Families"
10/94	The Center For Adolescent Services, Binghamton, NY "Collaborative Teamwork in the Schools"
10/94	Rockland Council for Young Children "Adapting Classroom Activities for Children with Special Needs"
05/94	New York State Head Start Association "Individualizing Education for Young Children"
08/93	Training for Inclusion Project, Train the Trainers, Springfield, IL
11/92	Child Care and Parenting Council of Greenwich, CT "Development of High Self-Esteem and Positive Self-Concept in Young Children"
10/92	U.S. Military Academy - Exceptional Family Member Program, West Point, NY "Inclusive Education: Children Belong Together"

PRESENTATIONS (continued):

09/92	Rockland Council for Young Children "Inclusion: Linking Early Intervention with Child Care"
05/92	State Technical Assistance Resource Network (STARN) Day Care Inclusion Training
04/92	Westchester Child Care Council Consortium Day "Inclusion: Mainstreaming in Day Care"
11/91	Westchester County Day Care Directors "The Americans with Disabilities Act: Impact on Day Care"

PUBLICATIONS:

Bruder, M., & Brand, M. (1995). A comparison of two types of early intervention environments serving toddler age children with disabilities. **Infant-Toddler Intervention**, **5**(3), 207-218.

APPENDIX B

Child & Family Studies
UConn Health Center
263 Farmington Ave. M.C. 6222
Farmington, CT 06030

About the Project

The Community Inclusion Project for Young Children with Disabilities has been funded to replicate a model demonstration project that utilized community-based natural group environments as early intervention and early childhood special education service delivery sites. The project will provide information, training, technical assistance, and long term support and follow-up to families, professionals, programs, and agencies interested in replicating the inclusion model project.

Mary Beth Bruder, Ph.D.
Project Director

Marie Brand, MS
Project Coordinator

BEST COPY AVAILA

Community Inclusion Project for Young Children with Disabilities

Child & Family Studies
UConn Health Center
263 Farmington Ave.,
MC 6222
Farmington, CT 06030
Tel: (203) 679-4632
Fax: (203) 679-1368

Training Opportunities

Outreach ***training*** *will be provided to early intervention staff, community early childhood staff, early childhood special education staff, and families on the inclusion of young children, (age 0-5) with disabilities in community early childhood programs.*

Training options include:

- *Regional workshops*
- *Model replication through training institutes*
- *Consultation to families, early intervention, early childhood special education and community program staff*

Follow-up

To ensure the effective implementation of inclusive early childhood programs, project staff will provide ***follow-up and support*** *to all participants for one year.*

Technical Assistance

Project staff will provide participants with ***on-site technical assistance*** *for the purpose of program development. Early intervention staff, early childhood program staff, and families will receive the support necessary to effectively implement inclusive early childhood programs.*

For More Information

To learn more about the Community Inclusion Project for Young Children with Disabilities, please fill out and return the self-mailer or call either (203) 679-4632 or (914) 344-1519.

Name ____________________

Title ____________________

Agency ____________________

Address ____________________

City ____________________

State __________ *Zip* __________

Phone (   ) ____________________

This project is funded as an outreach training project from the US. Department of Education, Office of Special Education Programs, Early Education Program for Children with Disabilities Grant #H024D30001.

BEST COPY AVAILABLE

APPENDIX C

Inclusion: A Right, Not a Privilege

The parent's manual, ***Inclusion, A Right, Not A Privilege,*** was developed by:

The Community Inclusion Project
Division of Child and Family Studies
Department of Pediatrics
University of Connecticut Health Center
Farm Hollow - Suite A-200
309 Farmington Avenue
Farmington, CT 06032

Contributors:

Alan Berger
Mary Beth Bruder
Laura Glomb
Deborah Hafner
Marian Lewis
Bethany Mickahal
Barbara Sherry

Editors:

* Naomi Karp
Wendy Lyons
Barbara Sutherland

* Special thanks to Naomi Karp for her significant editorial contributions, especially the illustrative family examples.

This book is funded by an outreach training project funded by the U.S. Department of Education, Office of Special Education Programs, Early Education Programs for Children with Disabilities. Grant # H024D30001, Project Director, Mary Beth Bruder, Ph.D.

BEST COPY AVAILABLE

Table of Contents

INTRODUCTION 1
    Purpose 1
    Background for the Resource Guide 2
    Definitions 2
    Values 6

WHAT IS INCLUSION? 7

WHAT DO THE LAWS SAY ABOUT INCLUDING YOUNG CHILDREN? 13
    Legislative Overview 13
    The Education for All Handicapped Children Act of 1975, Public Law 94-142 16
    The Individuals with Disabilities Education Act, P.L. 101-476 16
    Section 504 of the Rehabilitation Act 24
    The Americans with Disabilities Act (ADA) 26
    Judicial Decisions that Support Inclusion 37

WHAT DOES A "GOOD" INCLUSIVE PROGRAM LOOK LIKE? 43
    Providing Options and Alternatives 43
    Effective Programs 46
    Characteristics of an Inclusive Program 49

HOW DO YOU BRING ABOUT INCLUSION? 51
    Step 1: Know Your Child 51
    Step 2: Share Your Vision 54
    Step 3: Meet with Your Child's Team 54
    Step 4: Select Supports for Successful Inclusion 56
    Step 5: Find a Daycare or School Program 58
    Step 6: Meet with the Director 61
    Step 7: Bring Your Child to the School or Program 62
    Step 8: Include School Staff on the Team 62
    Step 9: Identify Options when Full Inclusion is Denied 65
    Step 10: Locate Advocacy and Legal Assistance 66

BEST COPY AVAILABLE

SUMMARY 67

REFERENCES 69

APPENDIX A Disability/Advocacy Organizations 73

APPENDIX B Early Childhood Community Program Inventory for Families 77

APPENDIX C Inclusion Resources 89

The Steps To Creating A Better IFSP

Introduction 1

Step 1: Identifying A Family's Concerns, Priorities, and Resources: Beginning the Partnership 7

- What is a Family? 8
- How are Family Concerns, Priorities, and Resources Identified For the IFSP? 26

Step 2: Identifying the Child's Developmental Strengths and Needs: Assessment 41

- Who is Eligible for Early Intervention? 42
- What is Assessment Planning? 45
- Who Participates in an Assessment? 52
- How is an Assessment Done? 54
- What Methods can be Used to Gather Assessment Information? 58
- How are Assessment Reports Written? 65
- How is Assessment Information Shared? 74

Step 3: Developing The IFSP: Team Process and Functional Outcomes 81

- What is Collaborative Goal Setting? 81
- What is Team Process? 82

Who Participates on the IFSP Team? 88

How are IFSP Outcomes Developed? 94

Step 4: Identifying Routines and Activities: Natural Environments 105

What are Natural Environments? 105

How are Interventions Provided in Natural Environments? 112

Step 5: Promoting Participation in Natural Environments: Adaptations and Supports 119

What are Adaptations? 119

How is the Need for Adaptations Determined? 120

How can the Environment be Adapted? 123

How are Activities Adapted? 126

What are Assistive Technology Devices? 130

What are Assistive Technology Services? 132

Step 6: Assigning Intervention Responsibilities: The Transdisciplinary Approach 141

How do Teams Function? 141

What Makes Transdisciplinary Teams Work? 145

How are Roles and Responsibilities Assigned? 147

How are Consultant Services Provided? 151

What Factors Influence the Success of a Transdisciplinary Team Approach? 154

Step 7: Developing Intervention Strategies: IFSP Implementation **159**

How Should Early Intervention be Implemented? 160

What Types of Strategies are Used to Facilitate IFSP Outcomes? ... 163

How can Intervention Strategies be Used to Promote Engagement and Learning? 165

How Can a Child's Surroundings be Used to Promote Engagement and Learning? 174

How Can Children Help Each Other Learn? 175

Step 8: Evaluating Early Intervention: Quality Assurance **183**

How is the Effectiveness of an Intervention Judged? 184

How are Evaluations Performed? 186

What is Program Evaluation? 193

APPENDIX D

CHARACTERISTICS OF EFFECTIVE SERVICE DELIVERY WITHIN EARLY CHILDHOOD PROGRAMS

1. A program philosophy for inclusive early childhood services.
2. A consistent and ongoing system for family involvement.
3. A system of team planning and program implementation.
4. A system of collaboration and communication with other agencies that provide services to young children with disabilities and their families.
5. A well-constructed Individualized Education Program or Individualized Family Service Plan that dictates the instructional content for each participating child.
6. Integrated delivery of educational and related services.
7. A consistent and ongoing system for training and staff development.
8. A comprehensive system for evaluating the effectiveness of the program.

BEST COPY AVAILABLE

APPENDIX E

Dissemination

Program/Agency	Material Requested	Program/Agency	Material Requested	Program Agency	Material Requested
Carol Miller Box 984 Pelham, AL 35214	Project Flyer	Ms. Mattie B. Spears I.C.S. Inc. Project Head Start P.O. Box 159 Holly Springs, MS 38635	Project Flyer	Ms. Angelean Haymon 121 Katzenmier Street Leland, MS 38756	Project Flyer
Sharon King 2421 Woodmere Drive Birmingham, AL 35226	Project Flyer	Ms. Beverly Courtney W.C.O.I. P.O. Box 750 Greenville, MS 38701	Project Flyer	Ms. Dorothy Hudson P.O. Box 425 Leland, MS 38756	Project Flyer
Dianne Latham Tuscaloos Co. Schools P.O. Box 2568 Tuscaloosa, AL 35405	Project Flyer	Ms. Mary Kennedy 487 Muscadine Street Greenville, MS 38701	Project Flyer	Ms. Katherine McGrath 537 Cypress Street Combus, MS 39702	Project Flyer
Sylvia Graves Russellville City Schools P.O. Box 880 Russellville, AL 35653	Project Flyer	Ms. Shirley Thompson 2559 Foxchase Greenville, MS 38701	Project Flyer	Mr.Richard Anderson Haldane Central Schools Craigside Drive Cold Spring, NY 10516	Project Flyer Project Brochure Request for Training Forms
Rhoda N. Elrod 1218 Alcott Road Gadsden, AL 35901	Project Flyer	Ms. Sharon Shaffer 423 Coleman Greenville, MS 38701	Project Flyer	Westchester DOH Susanne Kaplan	Project Flyer Project Brochure Request for Training Forms
Sandy Carroll 1116 Jimmy Drive Gadsden, AL 35905	Project Flyer	Ms. Shirley Wade Rte. 4 Box 560 Greenville, MS 38711	Project Flyer	Rochester Children's Nursery Mariellen Cupini	Project Flyer Project Brochure Request for Training Forms

Dissemination (cont'd)

Program/Agency	Material Requested	Program/Agency	Material Requested	Program/Agency	Material Requested
Ms. Ida Bethany 810 Johnson Street Hollandale, MS 38748	Project Flyer	Rochester City Schools Jan Hill	Project Flyer Project Brochure Request for Training Forms	Tresa Childs 104 Burlington Ct Dothan, AL 36301	Project Flyer
Ms. Mary Carroll 203 West Ave. S. Hollandale, MS 38748	Project Flyer	Building Blocks Commack, NY Linda Paul	Project Flyer Project Brochure Request for Training Forms	Pat Wittenbein PO Box 620344 Ft Rucker, AL 36362	Project Flyer
New Rochelle Gloria Straus	Project Flyer Project Brochure Request for Training Forms	Suffolk Co. DOH	Project Flyer Project Brochure Request for Training Forms	Chappauqua Children's Workshop Jill Stewart	Project Flyer Project Brochure Request for Training Forms
Suffolk Co. DOH Jan Orland	Project Flyer Project Brochure Request for Training Forms	Westchester DOH Susanne Kaplan	Project Flyer Project Brochure Request for Training Forms	Westcop Jodi Greenbaum	Project Flyer Project Brochure Request for Training Forms
White Plains Head Start Program Ann Hurt	Project Flyer Project Brochure Request for Training Forms	Putnam County Theresa Galya	Project Flyer Project Brochure Request for Training Forms	Head Start Jodi Greenbaum	Project Flyer Project Brochure Request for Training Forms
Nassau Co. DOH Mineola, NY Christine Constant	Project Flyer Project Brochure Request for Training Forms	Developmental Disab. Institute Ellen Woodward Huntington, NY	Project Flyer Project Brochure Request for Training Forms	Union Day Care Stepping Stones White Plains, NY Mary Ellen Herzog	Project Flyer Project Brochure Request for Training Forms
Bayshore, NY. CPSE Barbara Fishkind	Project Flyer Project Brochure Request for Training Forms	Joanne Dougherty Alcott School Scarsdale, NY	Project Flyer Project Brochure Request for Training Forms	WARC-Kathy Higgins Hawthorne, NY	Project Flyer Project Brochure Request for Training Forms
ACLD Robin Rubin	Project Flyer Project Brochure Request for Training Forms	Haldene Dist.	Project Flyer Project Brochure Request for Training Forms		

BEST COPY AVAILABLE

Dissemination

Patricia Stempel
RD 2, 317 H
Voorhesville, NY 12186

Renee Gates
OCM, Head Start Program
Route 13
Cortlandville, NY 13104

Debbie Rand/Carl Cazch
901 Draper Avenue
Schenectady Head Start
Schenectady, NY 12306

Angela Rackley
266 Livingston Avenue
Albany, NY 12210

Louise Camacho
150 East Second Street
Dunkirk, NY 14048

Jan Matina
1013 Margot
Chittenango, NY 13037

Maria D. Henandez
45 Grant Avenue
Auburn, NY 13061

Paula Spencer
3270 NY Rte. 79
Harpursville, NY 13787

Sue Wood
P.O. Box 244 Maple Street
Harpursville, NY 13787

Marcella Yooharian
Head Start
Palmer Middle Start
Windsor, NY 13865

Donna Smith
21 King Street
Norwich, NY 13815

Linda Haight
460 Wheatfield Street
No. Tonowanda, NY 14120

Amy LaForge
Allegany Co. ARC
Wellsville, NY 14895

Lela Pulverenti
123 Belleview Drive
Canasstota, NY 13032

Diane Angle
P.O. Box 100
Montaur Falls, NY 14860

Amy Markowski
Box 189, Erieville Road
Erieville, NY 13061

Lucille Price
R.D. 1, Box 1140
, NY 12809

J. Susan Smith
167 Vliet Boulevard
Cohoes, NY 12047

Lorraine Smith
181 Dodge Avenue
Corning, NY 14830

Tricia Shine
50 Fitch Avenue
Auburn, NY 13021

Cheryl Bellvier
146 Washington Street
Auburn, N.Y. 13021

Rochelle Bell
Apt. 2W
Auburn, N.Y. 13021

Sylvia Przemielewski
25 East Pearl Street
Wellsville, N.Y.

Suzanne Wood
P.O. Box 244 Maple Street
Harpursville, N.Y. 13787

Lorraine Smith
181 Dodge Avenue
Corning, N.Y. 14830

Rochelle Bell
33 East Genesee Street
Apt 2W
Auburn, N.Y.

Cheryl Bellvier
146 Washington Street
Auburn, N.Y. 13021

Ann Newell
335 N. Rutland Street
Watertown, N.Y. 13601

Susan Rich
P.O. Box 227
Hobart, N.Y. 13788
Laurie Bradley
9160 Sandville Road
Lyon, N.Y. 14487

Louise Cumancho
150 East Second Street
Dunkirk, N.Y. 14048

Susan Esposito
Wattan Head Start
P.O. Box 303
Wattan, N.Y. 13856

Loretta Johnson
99 Van Arden Street
, N.Y. 13021

Marcella Yoskarian
Palmer Middle School
Windsor, N.Y. 13865

Paula Spencer
3270 Route 79
Harpursville, N.Y. 13787

Susan Esposito
Walton Head Start
P.O. Box 303
Walton, N.Y. 13856

Tricia Shine
50 Fitch Avenue
Auburn, N.Y. 13021

Jeanette Frey
Warren County Head Start
Glen Street
Glens Falls, N.Y. 12801

Maria D. Hernandez
45 Grant Avenue
Auburn, N.Y. 13021

Janet Fine
212 S. Ocean Avenue
Freeport, N.Y. 11820
Barbara Socdicke
Box 195
Hobart, N.Y. 13788

Carol Czach/Debbie Round
Schnectady Head Start
901 Draper Avenue
Schnectady, N.Y. 12306

BEST COPY AVAILABLE

Amy E. LaForge
Allegany Co. Head Start
P.O. Box 112
Wellsville, N.Y. 14892

Barbara Huber
AHRC Children's Ed Center
189 Wheatley Road
Brookville, N.Y. 11545

Rosalie Yelen
240 Old Country Road
Mineola, N.Y. 11501

Linda Duplessis
CSW
31 Brockmeyer Drive
Mossupqua, N.Y. 11750

Torrie Gentry
250 Fulton Avenue
Hempsted, N.Y. 11550

Cindy Lampione
6 Hemlock Lane
Levittown, N.Y. 11756

Mary Brown
36 Princeton Street
Rye, N.Y. 11570

Dera Levine
2850 N. Jerusalem Road
Wantagh, N.Y. 11793

Eileen Toomey
Frost Mill Road
Mill Neck, N.Y. 11765

Rose Berman
Willett Avenue School
Hicksville, N.Y.

Rosemary DeFlippo
1040 Alhambra Road
Baldwin, N.Y. 11510

Jan Matina
1073 Margot
, N.Y. 13037

Kris Anderson
Nassau County Dept. of Health
240 Old Country Road
Mineola, N.Y. 11501

Dianne Friedman
Harbor Day Care Center
999 Herricks Road
New Hyde Park, N.Y. 11040

Chris Caplice
240 Parkway Drive
Westbury, N.Y. 11590

Renee Barnett
748 Plato Street
Franklin Square, N.Y. 11010

Jan Barbieri
925 Hempstead Turnpike
Franklin Square, N.Y. 11010

Dr. Jill Gelormino
131 Hofstra University
Hempstead, N.Y. 11550-1090

Tommy Gerty
Suite 407
250 Fulton
Hempstead, N.Y. 11550

Ronald & Rose James
P.O. Box 916
Long Beach, N.Y. 11561

Amy Windels
Little Village School
Bayberry Avenue

Lois Stein
1929 Lowell Lane
Merrick, N.Y. 11566

BEST COPY AVAILABLE

INCLUSION - LOUISIANA

NAME	*POSITION/ADDRESS*	*NEEDS*
Karen Callac	Infant/Toddler Coordinator, Region I 1100 Florida Avenue, Bldg. 180 New Orleans, LA 70119	- any/all training materials
Laura Vagianos	Region I Preschool Coordinator LSUMC- Human Development Center 1100 Florida Avenue, Bldg. 180 New Orleans, LA 70119 (504) 942-8217	- community int. - policy change - transition -engagement of kids in inclusive settings
Barbara Montreuil	Region I Preschool Project LSUMC - Human Development Center 1100 Florida Avenue, Bldg. 180 New Orleans, LA 70119	- community inclusion policy change
Catherine DeLee	Region VI Preschool Coordinator Lafargue Special Education Center 4515 New York Avenue Alexandria, LA 71302	- a copy of all for my files in serving 8 parishes
Teresa Scott	Region 7 Preschool Coordinator LSU Medical Center Children's Center 3730 Blair Shreveport, LA 71103	- new role of special educators - training - good IEPs - systems change
Sharon Patterson	Related Services Coordinator 1401 Mayberry Ruston, LA 71270	- all training manuals
Jeana Granger	Parent, St. Mary Parish 3109 Patoutville Road Jeanerette , LA 70544	- any and all training materials and book "Inclusion—A Right Not a Privilege"
Beth Bush	Parent, St. Mary Parish P.O. Box 47 Garden City, LA 70540	- any and all training materials
Carolyn Lindsey	NCP Teacher 2316 Walkers Lane Meraux, LA 70075-2449	- any and all
Penny Sproles	Inclusion Teacher 1124 City Park Avenue New Orleans, LA 70119	- all
Paulette Wheeler	Inclusion Teacher 7531 Burthe Street New Orleans, LA 70228	- all

BEST COPY AVAILABLE

Dawne Perkins	Pre-K Teacher, Inclusion Program 6970 Neptune Court New Orleans, LA 70126	- all handouts
Evelyn J. Baham	Pre-K Teacher, Inclusion 1716 Lafreniere Street New Orleans, LA 70122	- all handouts
Ronald Haynes	Pre-K Teacher, Inclusion 4036 South Chipwood Drive Harvey, LA 70058	- all handouts
Jimmy Noblit	Supervisor 3301 Old Spanish Trail Westlake, LA 70669	- "all"
Robin Dagate	Teacher-Preschool H.I. 600 Foreman Drive Lafayette, LA 70506	- any related to hearing impaired (center-based, vs. home-based, etc.)
Suzanne Broussard	Teacher-Special Needs 600 Foreman Drive Lafayette, LA 70506	
Janis Ivey	Infant/Toddler Coordinator LPSB P.O. Box 1130 Livingston, LA 70754	- community integration strategies/Birth-2 yrs. - attitudes and how to change - transition - training materials/resources
Sheri Zehner	Early Intervention Program Coordinator S.T.A.R.C. 1502 St. Ann Place Slidell, LA 70460	- "all" handouts
DaVanna Taylor	Preschool (3-4 yr) 1848 Cheatham Shreveport, LA 71108	- attitudes and how to change - transition - training materials/resources
Rebra Valentine	(Infants - 3 yr) 2627 Hoyte Drive Shreveport, LA 71118	- all handouts
Tamanika Odinga	Region III Preschool Coordinator St. Charter Parish Schools P.O. Box 46 Luling, LA 70070	- all handouts

BEST COPY AVAILABLE

Linda McCluer	Jeff Davis Parish Special Ed Technical Assistant 314 Shankland Avenue Jennings, LA 70546	- all handouts
Marybeth Ridgel	Department of Education/OSES P.O. Box 94064 Baton Rouge, LA 70804-9604	- all handouts
Rhonda Lewis	Region V Infant/Toddler Coordinator 2423 Sixth Street Lake Charles, LA 70601	- all handouts
Charlotte Powell	Region IV Preschool Coordinator 131 Chaplin Drive Lafayette, LA 70508	- all handouts
Helen Monic	Region V Preschool Coordinator 2423 Sixth Street Lake Charles, LA 70601	- all handouts
Donna Wadsworth	University of Southwestern Louisiana Instructor, Dept. of Curriculum & Instruction USL Box 42051 Lafayette, LA 70504	- all handouts
Judy Stuart	Department of Education, Fortier 211 Tulane University New Orleans, LA 70118	- all
June Inhern	Preschool Facilitator St. Landry Parish Pupil Appraisal 251 Blair Street Opelousas, LA 70570	- all handouts - send any teacher training materials you may have
Carol S. Ambres	Child Search/Childnet Coordinator St. Landry Parish Pupil Appraisal 251 Blair Street Opelousas, LA 70570	- all handouts
Rosa M. Caimouche	Parent 1736 East Lafayette Abbeville, LA 70510	- all handouts - Inclusion—A Right Not a Privilege
Ann L. Williams	NCP Teacher/Inclusion Program Orleans Parish Phillips Elementary School 3800 Cadillac Street New Orleans, LA 70122	
Tony W. Zeno, BCSW	Social Worker (Special Ed) Orleans Parish Schools 4896 Cerise Avenue New Orleans, LA 70127	- all handouts - any information on social service role/contribution

BEST COPY AVAILABLE

Katherine Rae	Noncat Preschool Administrator 1745 S.W. Railroad Avenue Hammond, LA 70403	- steps to begin inclusion program - what can be funded
Monica Buchmann	School Social Worker Acadia Parish School Board Special Education Department P.O. Drawer 309 Crowley, LA 70527	- beginning inclusion programs/funding
Brenda Poché	Prairie Elementary 2910 Ambassador Caffery Parkway Lafayette, LA 70503	- steps of inclusion - collaboration of services -IEP goals & objectives
Sandra Hendershot	J.W. James Elementary 100 Poydras Lafayette, LA 70506	- steps of inclusion - collaboration of services - IEP goals & objectives - all of it
Donna Coco	CAFHF - Region II 5561 North Allegheny Court Baton Rouge, LA 70817	- book, Inclusion-A Right Not a Privilege - case of Lewis vs. Norwalk - all of it for resource file
Debbie Reynaud	Family Service Coordinator St. James Parish P.O. Drawer N Lutchee, LA 70071	- anything & everything; we have very little going - lawsuit info
Fran Martin	P.O. Box 1130 Livingston, LA 70754	- all inclusion info to share with teachers & families - IEP integrated info
Paula Miller	Capitol Admin. Center 1583 North 43rd Street Baton Rouge, LA 70802	- all inclusion info to share with teachers & families - IEP integrated info
Florence Getz	New Orleans Public Schools 3500 General DeGaulle, Room 139 New Orleans, LA 70114 (504)365-5577	- any info which will help parents, teachers & administrators work together to provide range of LRE options
Wilma Major	5703 Valley Forge Avenue Baton Rouge, LA 70808	- all info on inclusion
Sharon Culotta	1588 Goldenrod Baton Rouge, LA 70808	- all information (IEP)

BEST COPY AVAILABLE

Marcia Arceneaux	University of New Orleans Office of Special Education Education Building - Rm 220 New Orleans, LA 70148	- all information (resource/order form)
Pam Kumbrough	Director, Children's Services C-BARC 351 Jordan Street Shreveport, LA 71101	- parent book -and other info. handouts

BEST COPY AVAILABLE

Dissemination - Albany, New York

Name/Address	Material Sent
Sandra A. Andra Suffolk County DOH 225 Rabro Drive East Hauppauge, NY 11788	Training info
Camille Clark High Risk Birth Program 305 Main Street Binghamton, NY 13905	Training Info IFSP info
Barbara Ende AHRC Sagtikos School 29 Pinewood Drive Commack, NY 11725	Training Info
Marguerite Feistel The Child's House Integrated Preschool 5438 Trinity Avenue Lowville, NY 13367	Training Info
Sister Mary Francelita Cantalician Center for Learning 3233 Main Street Buffalo, NY 14214	Training Info
Kathy Judge 20 Remington Avenue Selden, NY 11784	Training Info
Betsy Kaplan New Interdisciplinary School One Scouting Boulevard Medford, NY 11763	Training Info
Bobbi Kempf NSUH Infant/Toddler Program 17 Willet Avenue Hicksville, NY	Training Info
Chris Lee Child's House Trinity Avenue Lowville, NY 13367	Training Info
JoAnn Levine Nassau Early Childhood Direction Center 47 Humphrey Drive Syosset, NY 11791	Training Info

Dissemination - Albany, New York
Continued

Name/Address	Material Sent
June Lindquist Heartshare Human Services First Step Early Childhood Center 115-15 101 Avenue Richmond Hill, NY 11419	Training Info
Claire Mulcahy Maternal & Child Health Dept. Monroe County Health Dept. 111 Westfall Road - 632 Rochester, NY 14692	Training Info
Mardie Ninno North Syracuse Early Education Program 205 S. Main Street North Syracuse, NY 13212	Training Info IEP Info
Dr. Janice Orland Suffolk County DOH 225 Rabro Drive Hauppauge, NY 11788	Training Info
Sandy Roberts Lewis County Head Start 7673 State Street Lowville, NY 13367	Training Info
Jacqueline Rumolo United Cerebral Palsy Association of New York State, Inc. 330 West 34th Street - 13th Floor New York, NY 10001	Training Info
Amy Windels Little Village School Bayberry Avenue Garden City, NY 11530	Training Info

DISSEMINATION

Laurie Close
Elmcrest/SPICE
960 Salt Springs Road
Syracuse, NY 13224

Barbara Joseph
811K at PS 329
2929 West 30th Street
Brooklyn, NY 11224

Jack Retkinski
Retberg Child Center
317 Madison Avenue #828
New York, NY 10017

Ursula F. Salih
Small Wonder Preschool
90-45 Myrtle Avenue
Glendale, NY 11385
(718) 849-3002

Melissa Marchere
ICCD
98-02 62nd Drive
Rego Park, NY 11374
(718) 263-1587

Randi Daddrigo
33-51 167th Street
Flushing, NY 11358

Community Inclusion Project

DISSEMINATION

Name/Address	**Information Sent**
Joan H. Ellison, RN, MPH Public Health Director Livingston County Department of Health 2 Livingston County Campus Mt. Morris, NY 14510 (716) 243-7270	Training Information
Christine A. Covell E.I.O. Designee Orleans County Health Department 14012 Rt 31 Albion, NY 14411 (716) 589-2777	Training Information
Alice Engel 0-5 Director Columbia County Health 401 State Street Hudson, NY 12534 (518) 828-4278	Training Information
Chris Johnson Program Coordinator Early Intervention Allegany County Health County Office Building Belmont, NY 14813 (716)268-9250	Training Information
Sheila Warren Division of Early Intervention Orange County Department of Health 124 Main Street Goshen, NY 10924 (914) 294-7961 X-1350	Training Information
Kathleen Conroy Project Coordinator Early Intervention Monroe County Health Department Maternal Child Health Division 111 Westfall Road Caller 632 Rochester, NY 14692 (716) 274-6858	Training Information

DISSEMINATION (continued)

Name/Address	**Information Sent**
Helen Brutsman Administrative Officer Steuben County Department of Special Children's Services 3 East Pulteney Square Bath, NY 14810 (618) 776-9631 Ext. 2148	Training Information
Marcia Kasprzyk Early Intervention Coordinator Schuyler County 105 Ninth Street Watkins Glen, NY 14891 (607) 535-8140	Training Information
Judy Mercurio Supervising Community Health Nurse Essex County Public Health P.O. Box 217 100 Court Street Elizabethtown, NY 12932 (518) 873-3513	Training Information
Lauren Snyder Director Yates County Public Health 431 Liberty Street Penn Yan, NY 14527 (315) 536-5160	Training Information
Bonnie Hamilton EIO Designee Delaware County Public Health P.O. Box 162 Hamden, NY 13753 (607) 746-8282	Training Information
Deborah Alleyne Executive Director Kenwood Child Development Center 799 South Pearl Street Albany, NY 12202 (518) 465-0404	Training Information

COMMUNITY INCLUSION PROJECT - YEAR 3 DISSEMINATION LIST

Ms. Carol Cross
Caseworker
HARC
P.O. Box 271
Herkimer, NY 13350

(315) 866-2920

Ms. Nancy Esforza
Education Coordinator
TOTS
2778 Bruckner Blvd.
Bronx, NY 10465

(718) 863-4925

Mr. David Wilkiera
Teacher
Monroe #1 BOCES E.I.E.C.C.
119 Brockley Road
Rochester, NY 14609

(716) 336-7160

Ms. Ellen Rubin
Education Equity Concepts
114 East 32nd Street
New York, NY 10016

(212) 725-1803

Ms. Claire Salant
Administrator
The New Interdisciplinary School
1 Scouting Blvd.
Medord, NY 11763

(516) 286-0067

Ms. Diana Holbrook
Director of Child Care Services
Union Settlement Association, Inc.
237 East 104th Street
New York, NY 10029

(212) 360-8863

Ms. Priscilla Shapiro
Principal
Monroe #1 BOCES Preschool
220 Idlewood Drive
Rochester, NY 14618

(716) 256-1950

Ms. Jane Bowers
Educational Coordinator
Retberg Child Center
117 East 37th Street, Suite 10E
New York, NY 10016

(212) 532-4637

Ms. Rita Krawczyk
PreSchool Evaluation Component
Director
Language Development Program
4380 Armor Drive
Hamburg, NY 17075

(716) 648-6211

Ms. Mary Ellen Daly
PreK Coordinator
Herkimer County BOCES
400 Gros Blvd.
Herkimer, NY 13350

(315) 867-2019

COMMUNITY INCLUSION PROJECT - YEAR 3 DISSEMINATION LIST

Ms. Linda Smith
Director of Special Education
Herkimer County BOCES
400 Gros Blvd.
Herkimer, NY 13348

(315) 867-2056

Ms. Lois Hinds
Assistant Executive Director
Leake & Watts
463 Hawthorne Avenue
Yonkers, NY 10705

(914) 963-5220

Ms. Annemarie Mattison
Inclusion Network Facilitator
The Special Children's Center
882 NYS Route 13
Cortland, NY 13045

(607) 753-9375

Ms. Sandy Roberts
Education Coordinator
Lewis County Head Start
7673 State Street
Lowville, NY 13367

(315) 376-7531

Ms. Amy Windels
Social Worker
Little Village School
Bayberry Avenue
Garden City, NY 11530

(516) 746-5575

Mr. Andre Harper
Mental Health Advocate
ABC
244 South Plymouth Avenue
Rochester, NY 14608

(716) 482-8914

Mr. Edward MacDonald
Regional Associate
NYSED - Rochester City Field Team
Richmond Avenue
Batavia, NY 14020

(716) 344-2112

Ms. Karen Scott
Education Coordinator
Children's Community Head Start
2210 Smithtown Avenue
Ronkonkoma, NY 11779

(516) 585-3131

Ms. Marguerite Feistal
Program Director
The Child's House
5438 Trinity Avenue
Lowville, NY 13367

(315) 376-2790

Ms. Mardie Ninno
Coordinator
North Syracuse Early Education Program
205 South Main Street
North Syracuse, NY 13212

(315) 452-3021

COMMUNITY INCLUSION PROJECT - YEAR 3 DISSEMINATION LIST

Ms. Andrea Weisberg
CPSE Chairperson
Northport School District
P.O. Box 210
Northport, NY 11768

(516) 262-6622

Ms. Elie Wizman
Program Director
Rainbow Preschool
40 Kings Park Road
Commack, NY 11725

(516) 543-1444

Ms. Paula Knitter
Children's Service Coordinator
Wyoming County Youth Bureau
5362 Mungers Mill Road
Silver Springs, MD 14550

(716) 786-8850

Ms. Vera Banach
Inclusion Facilitator
NYC Board of Ed
2929 West 30th Street
Brooklyn, NY 11224

(718) 996-9531

Ms. Bobbi Kempf
Evaluation Coordinator
NSUH Infant/Toddler Program
17 Willet Avenue
Hicksville, NY

(516) 938-1484

Ms. Claire Mulcahy
Assistant Service Coordinator
Early Intervention Services Program
Monroe County Health Dept.
Maternal & Child Health Dept.
111 Westfall Road
Rochester, NY 14692

(716) 274-8468

Sister Mary Francelita
Program Director
Cantalician Center for Learning
3233 Main Street
Buffalo, NY 14214

(716) 833-5353

Ms. Betsy Kaplan
Infant/Toddler Director
New Interdisciplinary School
One Scouting Blvd.
Medford, NY 11763

(516) 924-5583

Ms. Kathy Judge
Service Coordinator
Suffolk County Dept. Of Health
20 Remington Avenue
Selden, NY 11784

(516) 736-1296

Ms. Camille Clark
Speech/Language Pathologist
High Risk Birth Program
305 Main Street
Binghamton, NY 13905

(607) 729-1295

COMMUNITY INCLUSION PROJECT - YEAR 3 DISSEMINATION LIST

Ms. Sandra Andra
Coordinator of Special Education
Suffolk County DOH
225 Rabro Drive East
Hauppauge, NY 11788

(516) 853-3130

Dr. Janice Orland
Bureau Chief
Suffolk County DOH
225 Rabro Drive
Hauppauge, NY 11788

(516) 853-3130

Ms. Barbara Ende
EIP Coordinator
AHRC Saytikos School
29 Pinewood Drive
Commack, NY 11725

(516) 543-7200

Ms. JoAnn Levine
Supervisor
Nassau Early Childhood Direction
Center
47 Humphrey Drive
Syosset, NY 11791

(516) 364-8580

Ms. Jacqueline Rumolo
Director of Community Support
Services
United Cerebral Palsy Associations of
New York State, Inc.
330 West 34th Street (13th Floor)
New York, NY 10001

(212) 947-5770 Ext. 234

Ms. Patricia Fenchak
(Mother of CP Child)
121 East 5th Street
Deer Park, NY 11729

(516) 586-9153

APPENDIX F

Training Identification Numbers

WORKSHOPS				INSTITUTES				TA		
Date	**Workshop Site**	**#**	**ID**	**Date**	**Institute Site**	**#**	**ID**	**Date**	**TA Kid**	**#**
10/13/93	Suffolk DOH	1	1-39	2/1-3/29/94	West. DOH	.01	1-14	10/93	BG	.001
10/14/93	Westch. DOH	2	40-43	2/3, 3/10, 4/14/94	Roch. Ch. Nur.	.02	15-22	10/93	TM	.002
9/27/93	Head Start A	3	44-58	2/4, 3/11, 4/15/94 (Roch. Public Schools)	PSPar. Pgm.	.03	23-46	2/94	DM	.003
					Fam. Lrn. Cnt. Flor.	.04	47-48			
					Brn. PK	.05	49-52			
					Sch. #17 Montesorri	.06	53-57			
10/20/93	Head Start B	4	59-63	3/1-4/5/94	WARC	.07	58-67	2/94	DW	.004
2/2/94	Rochester Children's Nursery	5	64-81	3/18-5/20/94	Alcott (Profess.)	.08	67-81	2/94	BD	.005
				3/18-6/15/94	Alcott (Paraprof.)	.09	82-96			
3/9/94	NYS Inc. Con.	6	82-126	4/20-6/1/94	ACLD	.10	97-112			
3/23-3/24/94	Syracuse Head Start	7	127-149	July 94 (Rochester Public School)	1. Roch Pr Par Pgm	.11	113-131			
		8	150-170		2. Pub Sch #56	.12	132-136			
					3. Pub Sch #8	.13	137-139			
		9	171-205		4. Florence Brown Pre-K	.14	140-147			
3/25/94	Nassau DOH Mineola, NY	10	206-390	9/94	PSLLC New Rochelle	.15	148-152			
5/9/94	RAPP Meadowlands	11	391-409	10/94	Union Child Day Care - Wt. Plains	.16	153-166			

Training Identification Numbers - Page 2

WORKSHOPS				**INSTITUTES**				**TA**		
5/18/94	NY State Head Start Huntington, NY	12	410-440	11/30/94	ICCD Joyce Glassman Bayside, NY	.17	167-189			
7/94-8/94	NY Workshop Series -Buffalo, NY -Rochester, NY -Liverpool, NY -Ronkonkoma,NY -Queens, NY -Manhattan, NY -White Plains, NY -Albany, NY	13 14 15 16 17 18 19 20	441-820	1/18/95	First Step Early Childhood Center, Richmond Hill, NY June Lindquist	.18	190-200			
10/21/94	Center for Adolescent Services, Binghamton, NY	21	821-864	1/15/95	Center for Adolescent Services, Binghamton, NY Bette Gifford	.19	201-212			
10/29/94	Rockland Council for Young Children	22	865-881	2/96	Center for Adolescent Services, Binghamton, NY Train the Trainer	.20	213-220			
1/18/95	Interdisciplinary Center for Child Dev. Joyce Glassman, Bayside, NY Group #1	23	882-904	4/96	Center for Adolescent Services, Binghamton, NY Train the Trainer	.21	220-227			
1/24/95	Children's Library Assoc. of Suffolk, Smithtown, NY Barbara Jordan	24	905-934							
1/12/95	Sullivan Co. Community College, Liberty, NY	25	935-945							

Training Identification Numbers - Page 3

WORKSHOPS				INSTITUTES			TA			
12/9/94 1/13/95	Center for Adolescent Services	26	946-958							
1/18/95	Preschool Advisory Committee Latham, NY	27	959-989							
3/30/95	Preschool Grant Projects	28	990-1019							
3/31/95	Albany County Head Start	29 & 30	1020-1033 1034-1042							
4/11/95	Early Childhood Direction Center Floral Park, NY	31	1043-1090							
2/16/95	Orange County Community College Middletown, NY	32	1091-1110							
6/12 - 6/13/95	Opportunities Preschool Kings Park, NY	33	1111-1115							
5/22/95	NY State Inclusion Conference Albany, NY	34	1116-1175							

Training Identification Numbers - Page 4

WORKSHOPS				INSTITUTES			TA			
5/30 - 5/31/95	NY State Workshop Series Buffalo, NY	35	1176-1280							
6/5 - 6/6/95	NY State Workshop Series Rochester, NY	36	1281-1390							
7/27 - 7/28/95	NY State Workshop Series New York City, NY	37	1391-1475							
8/24 - 8/25/95	NY State Workshop Series Syracuse, NY	38	1476-1550							
9/7 - 9/8/95	NY State Workshop Series Glens Falls, NY	39	1551-1610							
9/14 - 9/15/95	NY State Workshop Series Long Island, NY	40	1611-1680							
9/28 - 9/29/95	NY State Workshop Series White Plains, NY	41	1681-1710							
9/19/95	Preschool Grant Projects Meeting	42	1711-1730							
10/9/95	Rainbow Chimes Huntington, NY	43	1731-1777							
11/13/95	RAP Head Start	44	1778-1785							
3/27/96	Delaware County Public Health	45	1786-1814							

Training Identification Numbers - Page 5

WORKSHOPS				INSTITUTES			TA			
5/2/96	Kenwood Albany, NY	46	1815-1826							
5/16/96	Kenwood Albany, NY	47	1827-1848							
5/22/96	Early Childhood Learning Center, South Cairo, NY	48	1849-1865							
8/1/96	St. Francis Pre-K Poughkeepsie, NY	49	1866-1892							
8/6/96	Steuben County Special Children's Services Bath, NY	50	1893-1898							

COMMUNITY INCLUSION PROJECT FOR YOUNG CHILDREN WITH DISABILITIES

TRAINING SCHEDULE

PROPOSED TRAINING DATE	PROGRAM/AGENCY	TYPE OF TRAINING	PERSON RESPONSIBLE	STATUS
9/27/93	Westcop Jodi Greenbaum	Workshop	Barbara Sherry	Completed
10/13/93	Suffolk County DOH Jan Orland	Workshop	Mary Beth Bruder Marie Brand Barbara Sherry	Completed
10/14/93	Westchester DOH Susanne Kaplan	Workshop	Mary Beth Bruder Marie Brand Barbara Sherry	Completed
10/20/93	Head Start Jodi Greenbaum	Workshop	Barbara Sherry	Completed
1/94	Westchester DOH Susanne Kaplan	Institute	Marie Brand	Completed
1/94	Rochester Children's Nursery Mariellen Cupini	Institute	Marie Brand	Completed

PROPOSED TRAINING DATE	PROGRAM/AGENCY	TYPE OF TRAINING	PERSON RESPONSIBLE	STATUS
1/94	Rochester City Schools Jan Hill	1) Rochester Preschool Parent Program 2) Florence Brown Program 3) Family Learning Center 4) Montessori/School #17	Marie Brand	Completed
3/94	New York State Inclusion Conference Albany, NY	Workshop	Mary Beth Bruder	Completed
3/94	WARC Children's School for Early Development Kathy Higgins Hawthorne, NY	Institute - Train the Trainers TA for several kids Begin w/David Wt. Plains Kdg.	Barbara Sherry Barbara Sherry (TA)	Completed
3/94	Resouce Access Project (RAP) Syracuse, NY	1) Workshop 2) Workshop 3) Workshop	Marie Brand	Completed
3/18/94	Alcott School Joanne Dougherty Scarsdale, NY	1) Institute (A) -professionals 2) Institute (B) - paraprofessionals	Marie Brand	Completed
3/25/94	Nassau County DOH Mineola, NY	Workshop	Mary Beth Bruder	Completed

PROPOSED TRAINING DATE	PROGRAM/AGENCY	TYPE OF TRAINING	PERSON RESPONSIBLE	STATUS
4/20/94	ACLD Robin Rubin Bayshore, NY	Institute	Marie Brand	Completed
5/9/94	RAPP Meadowlands	Workshop	Marie Brand	Completed
5/18/94	New York State Head Start Association	Workshop	Marie Brand	Completed
7/94-8/94	New York State Workshop Series	Workshops (8)	Mary Beth Bruder Marie Brand	Completed
7/94	Rochester Public Schools Rochester, NY	Institute	Marie Brand	Completed
9/94	New Rochelle Public Schools Gloria Strauss	Institute	Marie Brand	Completed
10/94	Union Child Day Care White Plains, NY Mary Ellen Herzog	Institute	Marie Brand	Completed

PROPOSED TRAINING DATE	PROGRAM/AGENCY	TYPE OF TRAINING	PERSON RESPONSIBLE	STATUS
10/21/94	Center for Adolescent Services, Binghamton, NY	Workshop	Marie Brand	Completed
10/29/94	Rockland Council for Young Children Spring Valley, NY	Workshop	Marie Brand	Completed
11/10/94	Center for Adolescent Services, Binghamton, NY	Institute	Marie Brand	Completed
11/30/94	Interdisciplinary Center for Child Development Bayside, NY	Institute	Marie Brand	Completed
12/9/94	Center for Adolescent Services, Binghamton, NY	Workshop	Marie Brand	Completed
1/11/95	First Step Early Childhood Center Richmond Hill, NY	Institute	Marie Brand	Completed
1/12/95	Sullivan County Community College Ferndale, NY	Workshop	Marie Brand	Completed
1/18/95	Interdisciplinary Center for Child Development Bayside, NY	Workshop	Marie Brand	Completed
1/24/95	Children's Library Assoc. of Suffolk Co. Smithtown, NY	Workshop	Marie Brand	Completed

PROPOSED TRAINING DATE	PROGRAM/AGENCY	TYPE OF TRAINING	PERSON RESPONSIBLE	STATUS
1/18/95	Preschool Advisory Committee	Workshop	Mary Beth Bruder	Completed
2/16/95	Orange County Community College	Workshop	Marie Brand	Completed
3/31/95	Albany County Head Start	Workshop (2)	Marie Brand	Completed
4/11/95	Early Childhood Direction Center, Floral Park, NY	Workshop	Marie Brand	Completed
5/16/95	The Opportunity Preschool, King Park, NY	Preliminary Meeting	Marie Brand	Completed
5/22/95	New York State Inclusion Conference, Albany, NY	Workshop	Mary Beth Bruder	Completed
	New York State	Workshop Series	Mary Beth Bruder	Completed
5/30-31/95		- Buffalo, NY		
6/5-6/95		- Rochester, NY		
7/27-28/95		- New York City, NY		
8/24-25/95		- Syracuse, NY		
9/7-8/95		- Glens Falls, NY		
9/14-15/95		- Long Island, NY		
9/28-29/95		- White Plains, NY		
9/19/95	Preschool Grant Projects, NY	Workshop	Mary Beth Bruder	Completed
10/9/95	Rainbow Chimes	Workshop	Marie Brand	Completed
11/15/95	RAPP-Head Start	Workshop	Marie Brand	Completed

PROPOSED TRAINING DATE	PROGRAM/AGENCY	TYPE OF TRAINING	PERSON RESPONSIBLE	STATUS
2/96	Center for Adolescent Services, Binghamton, NY	Train the Trainer Institute	Marie Brand	Completed
3/27/96	Delaware County Public Health	Workshop	Marie Brand	Completed
4/96	Center for Adolescent Services, Binghamton, NY	Train the Trainer Institute	Marie Brand	Completed
5/2/96	Kenwood Albany, NY	Workshop	Marie Brand	Completed
5/16/96	Kenwood Albany, NY	Workshop	Marie Brand	Completed
5/22/96	Early Childhood Learning Center, South Cairo, NY	Workshop	Marie Brand	Completed
8/1/96	St. Francis Pre-K Poughkeepsie, NY	Workshop	Marie Brand	Completed
8/6/96	Steuben County Children's Services, Bath, NY	Workshop	Marie Brand	Completed

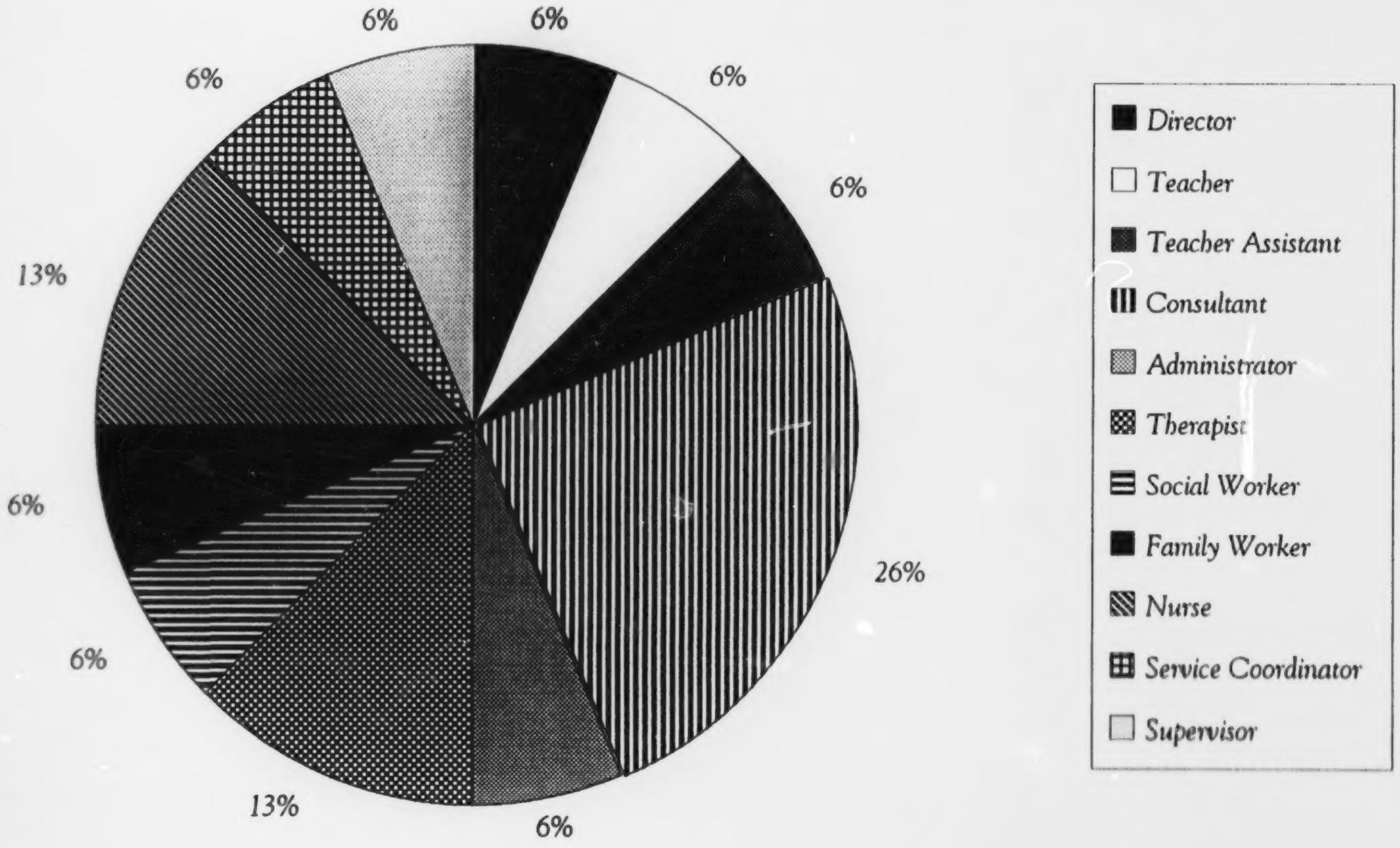
YEAR 1
WORKSHOPS

Programs receiving Workshop training with the Community Inclusion Project during the 1993-1994 year. (Year 1).

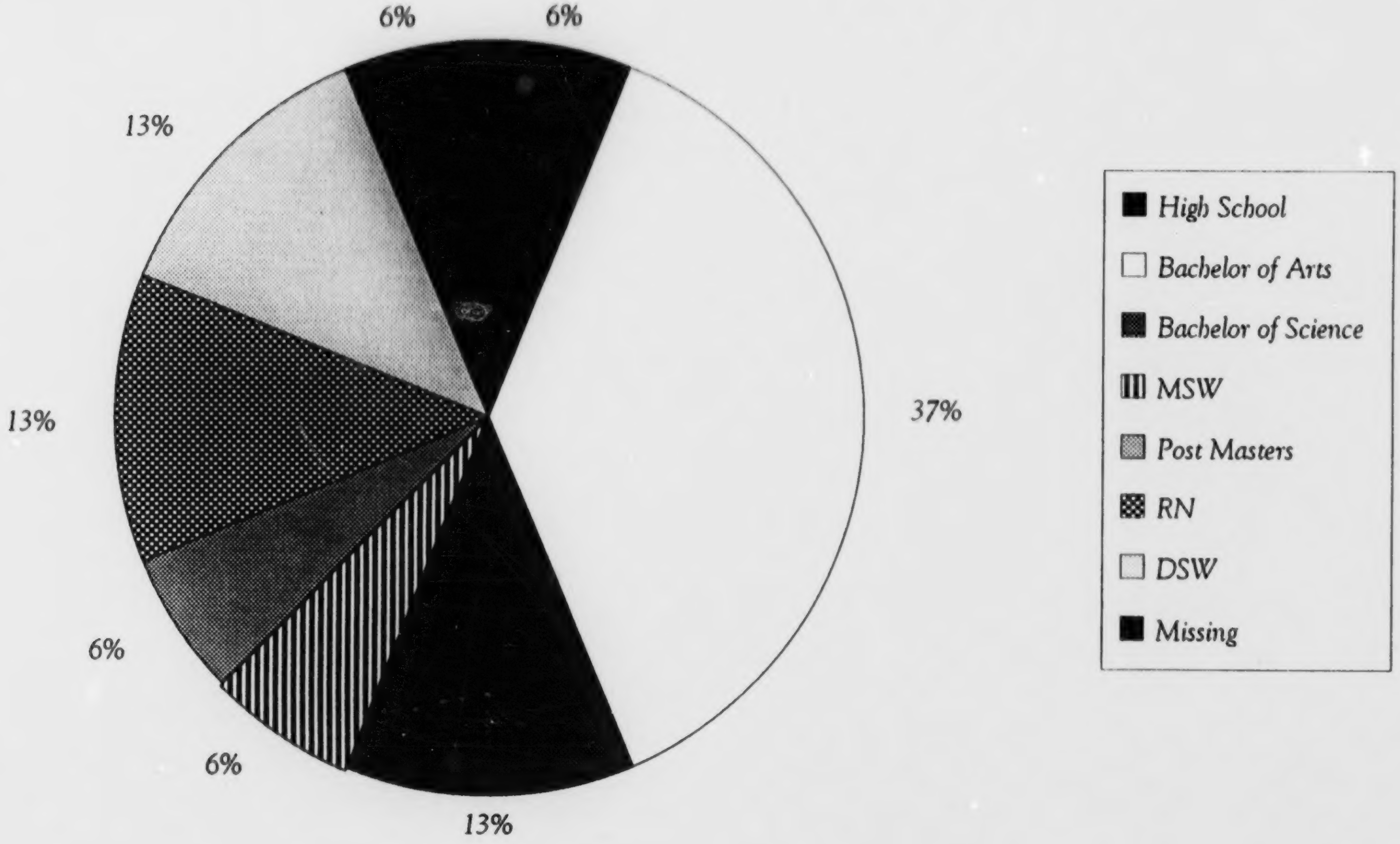
PROGRAM/CONTACT PERSON	TYPE OF TRAINING	TRAINING DATE
Jodi Greenbaum WESTCOP	Workshop	9/27/93
Janice Orland, Dir. Sufflok Co. Dept. of Health	Workshop	10/13/93
Susanne Kaplan, Dir. Westchester Co. Dept. of Health Valhalla, NY	Workshop	10/14/93
Jodi Greenbaum WESTCOP	Workshop	10/20/93
Mariellen Cupini Rochester Children's Nursery Rochester, NY	Workshop	2/2/94
NYS Inclusion Conference Albany, NY	Workshop	3/9/94
Resource Access Project (RAP) Head Start Training Syracuse, NY	Workshops (3)	3/23/94 & 3/24/94
Nassau Co. DOH Mineola, NY	Workshop	3/25/94
Head Start RAPP Conference	Workshop	5/9/94
NYS Head Start Association Meeting	Workshop	5/18/94
New York State Workshop Series	Workshops (8)	
	- Buffalo, NY	7/25/94
	- Rochester, NY	7/26/94
	- Liverpool, NY	7/27/94
	- Ronkonkoma, NY	7/29/94
	- Queens, NY	8/4/94
	- Manhattan, NY	8/15/94
	- White Plains, NY	8/8/94
	- Albany, NY	8/9/94
Rockland Council for Young Children	Workshops	10/94

WESTCHESTER CO. HEAD START (WESTCOP)

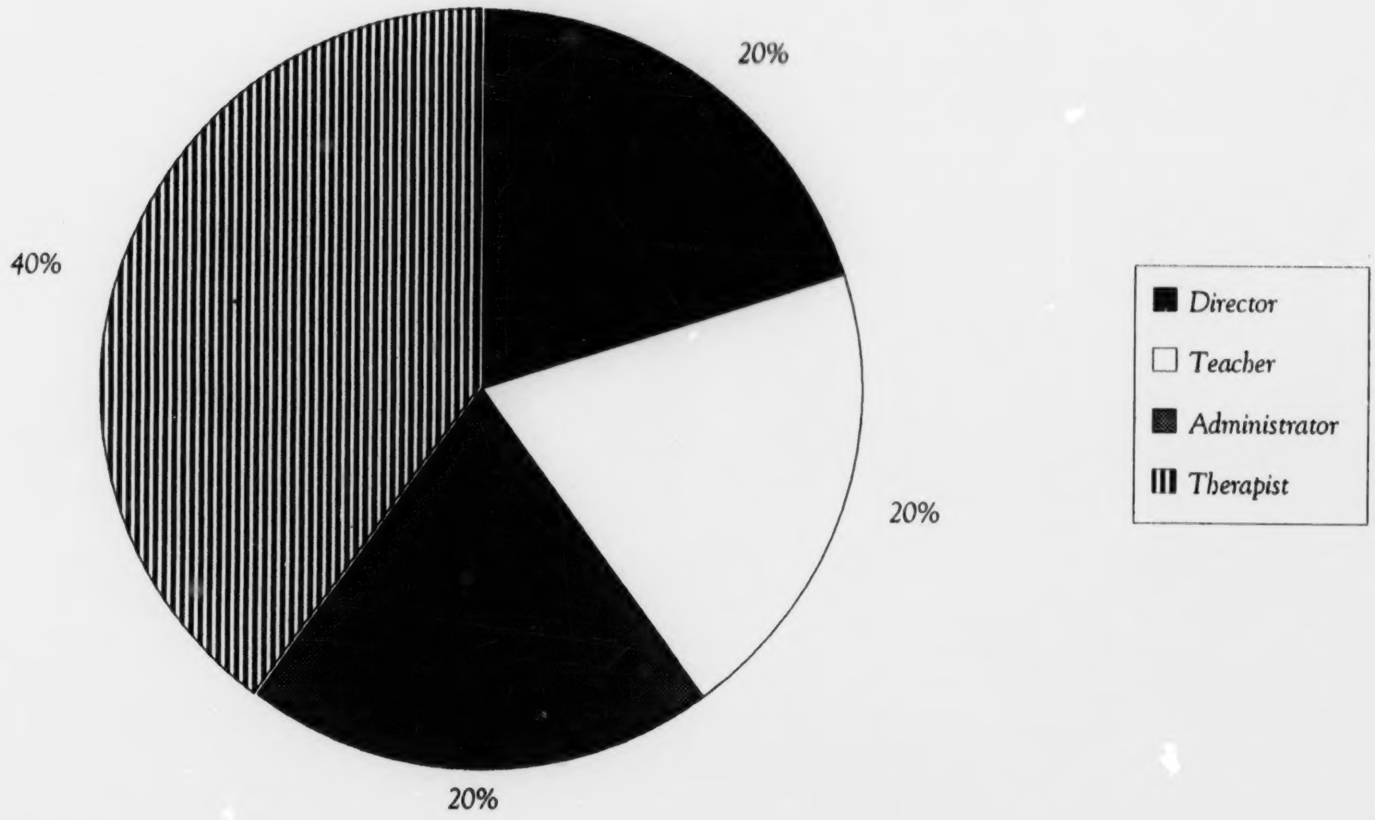
Discipline of Participants in Workshop 3



Level of Education of Participants in Workshop 3



Discipline of Participants in Workshop 4



Level of Education of Participants in Workshop 4

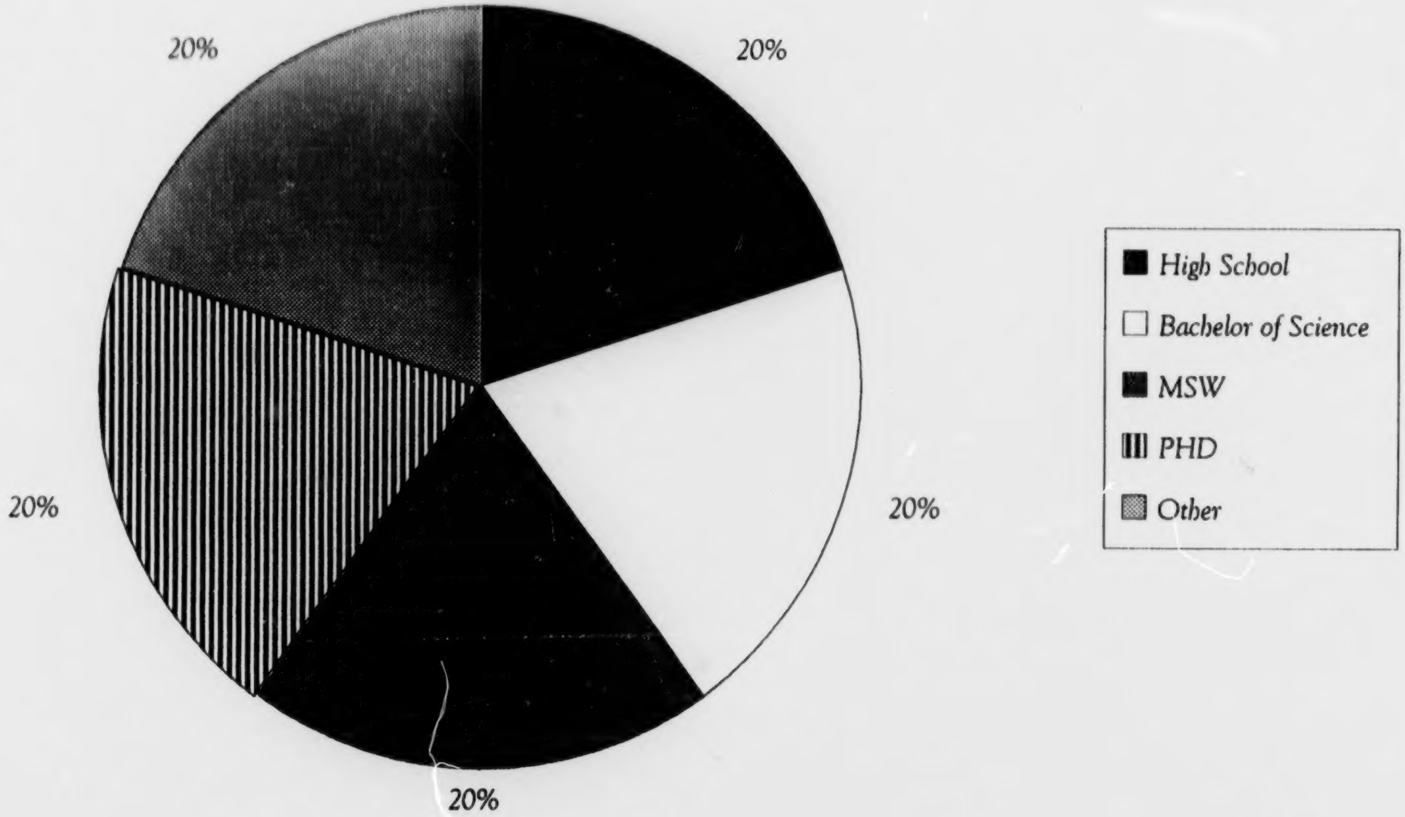
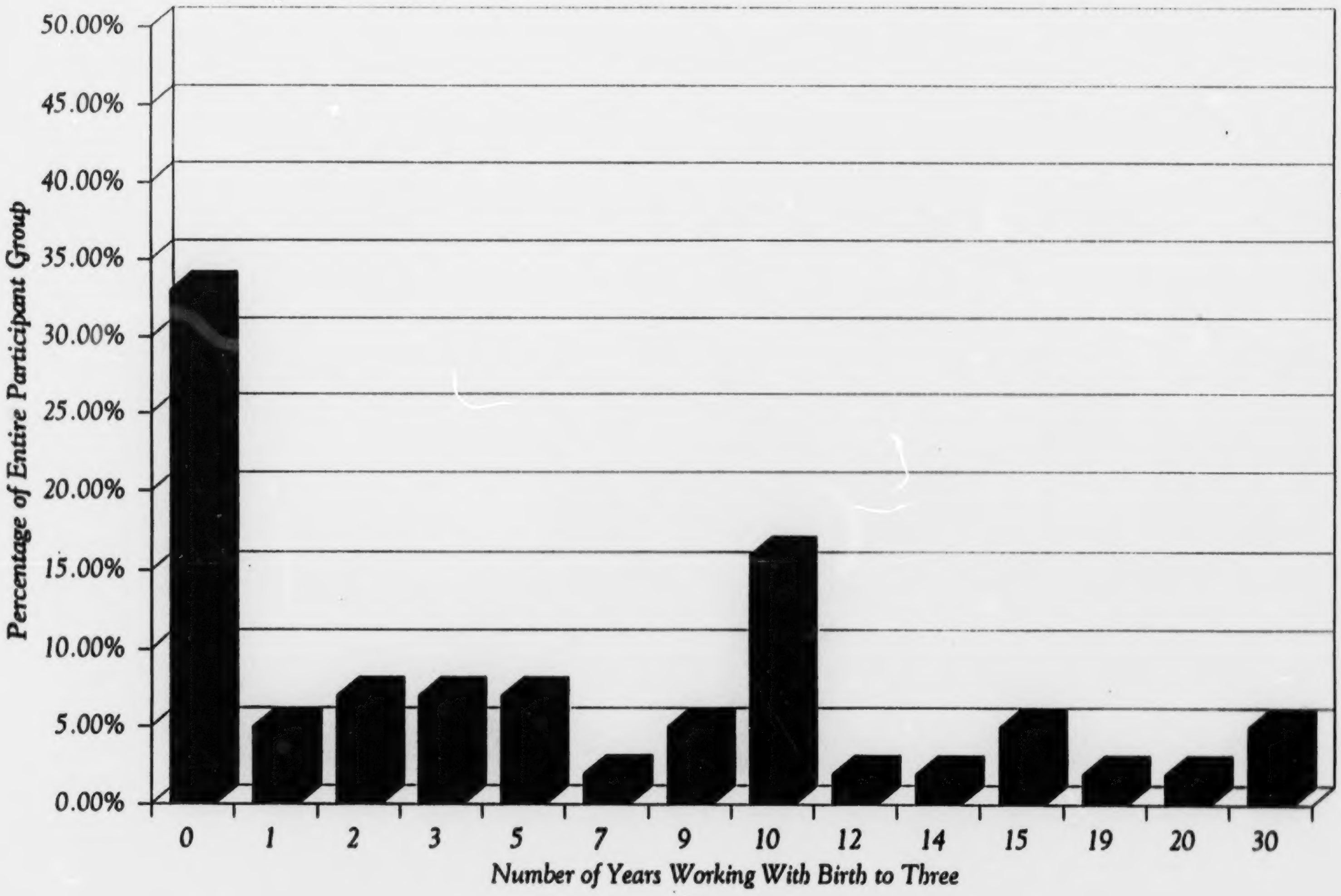


Table 1
Current Licensure (N=43)

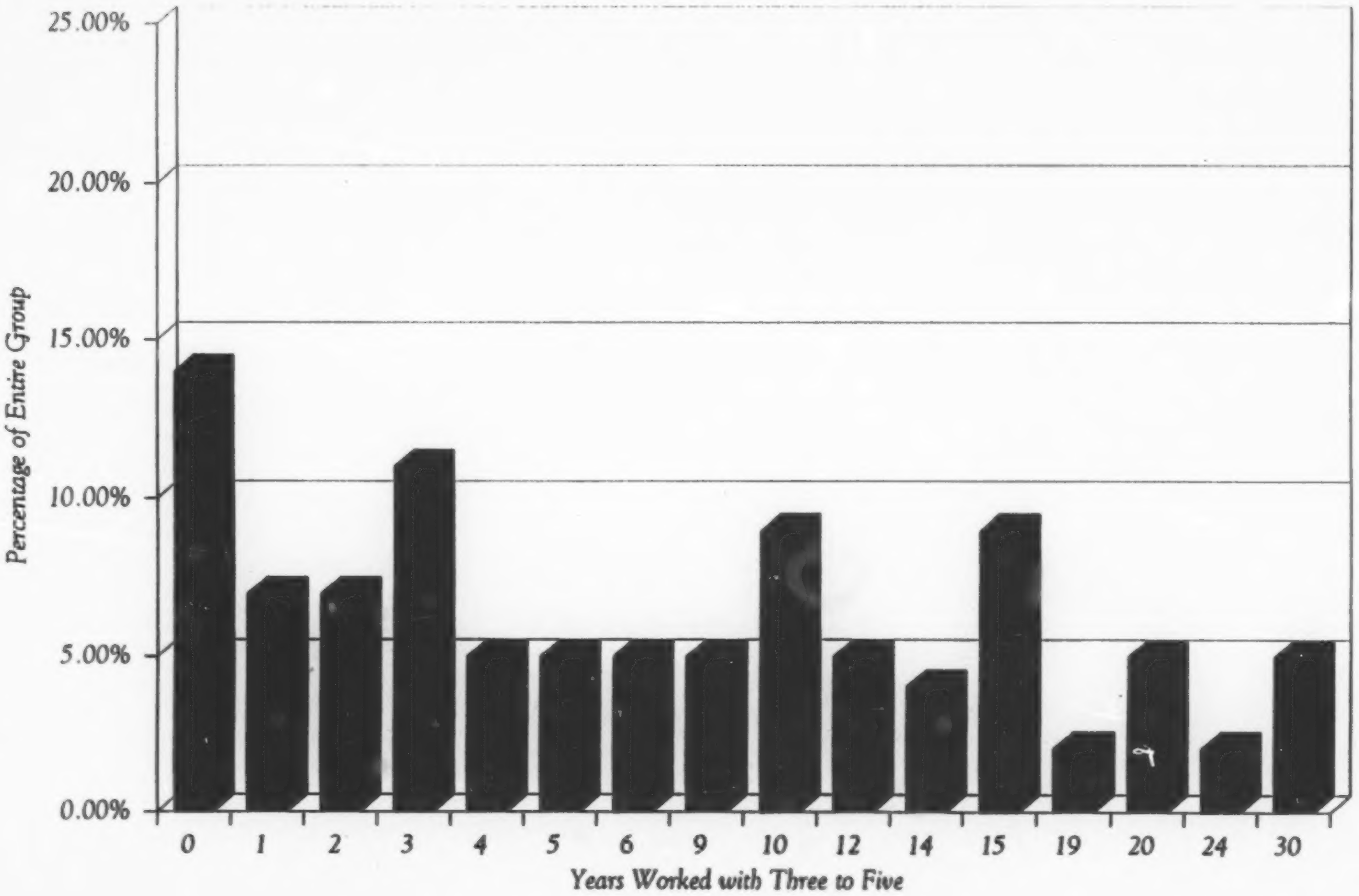
Early Childhood Education	40%
Early Childhood Special Education	86%
Occupational Therapy	5%
Physical Therapy	5%
Speech and Language	19%
Nursing	9%
Psychology	12%
Social Work	14%

Figure 1



50.00%
45.00%
40.00%
35.00%
30.00%
25.00%
20.00%
15.00%
10.00%
5.00%
0.00%
Percentage of Entire Participant Group
0
1
2
3
5
7
9
10
12
14
15
19
20
30
Number of Years Working With Birth to Three

Figure 2


25.00%
20.00%
15.00%
10.00%
5.00%
0.00%
Percentage of Entire Group
0
1
2
3
4
5
6
9
10
12
14
15
19
20
24
30
Years Worked with Three to Five

HEAD START WORKSHOPS
CONSUMER SATISFACTION MEAN SCORES

ITEM	MEAN SCORES
Objectives Met	4.73
Topics Covered	4.87
Relevant Material	4.87
Adequate Material	4.87
Time Organized	4.93
Information Relevant to Work	4.80
Better Understanding of Subject	4.73
Presenter Prepared	4.87
Presenter Knowledgeable	4.87
Presenter Used Activities	4.33
Presenter Easy to Listen to	4.87
Presenter Valued Input	4.87
Environment Comfort	4.93
Adequate Breaks	4.53
Good Group Size	4.53
Good Location	4.13
Good Day and Time	4.60

SUFFOLK CO. DEPT. OF HEALTH

Suffolk Co. Dept. Of Health
List Of Participants

Linda Arinoldo
314 Pond Path
Setauket, N.Y. 11733
(516) 751-7517

Alyce Middendorf
116 Webster Avenue
Merrick, N.Y. 11566
(516) 378-6240

Susan Karron
29 Woodbine Street
Coram, N.Y.
331-1860

Monica Harrison
126 Ridge Road
Ridge, N.Y. 11961
821-2174

Marti White
24 Don Lane
Hauppauge, N.Y. 11788
234-3424

Linda Paul
24 Abrew Street
Bay Shore, New York 11706
499-1237

Jane Hill
8A Pioneer Court
Ridge, N.Y. 11961
345-3667

Noreen Sabin
58 Theodore Avenue
Smithtown, N.Y. 11787
724-2843

Janice Orland
27 Chesley Road
Wh. Plains, N.Y. 10605
(914) 682-9798

Diane Martell
23 Radburn Dr.
Commack, N.Y. 11725
543-4667

Lynn Smith
220 Pulosta Road
Kings Park, N.Y. 11754
544-9263

Margaret Hennings
51 Raynor Road
Ridge, N.Y. 11961
289-2200

Angelina Kohlhepp
272 Helm Lane
W. Bay Shore, N.Y. 11706
854-2233

Eileen Toomey
Frost Mill Road
Mill Neck, N.Y. 11765
922-4100

Joanne Schlesinger
230 Mill Road
Medford, N.Y. 11763
924-0189

Kathleen Ganun
19 E. Pond Lane
East Port, N.Y. 11941
325-0640

Gerard Lipski
10 Landing Road
Miller Place, N.Y. 11764
288-3800

Michelle Voorhis
122 E. Broadway
Port Jefferson, N.Y. 11777
473-5999

Barbara Metrick
12 Shoreham Dr. West
Dix Hills, N.Y. 11746
586-5815

Phyillis Beckerman
28 Wellington Road
Merrick, N.Y. 11566
867-7241

Margaret Sampson
5 Estates Lane
Shoreham, N.Y. 11786
821-0437

Joy Jaisle
1 Anchorage Way #710
Freeport, N.Y. 11520
379-1364

Barbara Purcell
4 Caravan Ct
E. North Port, N.Y. 11731
266-2633

Rhonda Shermer
6 Pickwick Dr.
Old Bethpage, N.Y. 11804
249-7351

Mary Bohleber
18 Hemlock Dr.
Miller Place, N.Y. 11764
473-8342

Margaret Evers
34 Chestnut Street
Huntington, N.Y. 11743
427-4086

Loretta Ogden
142 Rocky Pt. Road
Rocky Point, N.Y. 11788
744-8098

Nancy Palazzolo
167 Araca Road
Babylon, N.Y. 11702
587-9150

Suzanne Yankwitt
1231 McFadden Dr.
E. Northport, N.Y. 11731
757-6331

Sandra Lambert
25 David Hill Road
Port Jefferson, N.Y. 11733
331-7466

Hope Filaseta
38 Glenwood Drive
Hauppauge, N.Y. 11788
864-1958

James Ciaravino
275 Coronado St.
Islip Terrace, N.Y. 11752
581-2314

Meryl Zaglin
52 Tulipwood Dr.
Commack, N.Y. 11725
864-5258

Mark Josnou
263 Old Mill Rd.
St. James, N.Y. 11780
584-5624

Linda Whitaker
96 Little Neck Road
Centerport, N.Y. 11721
757-9018

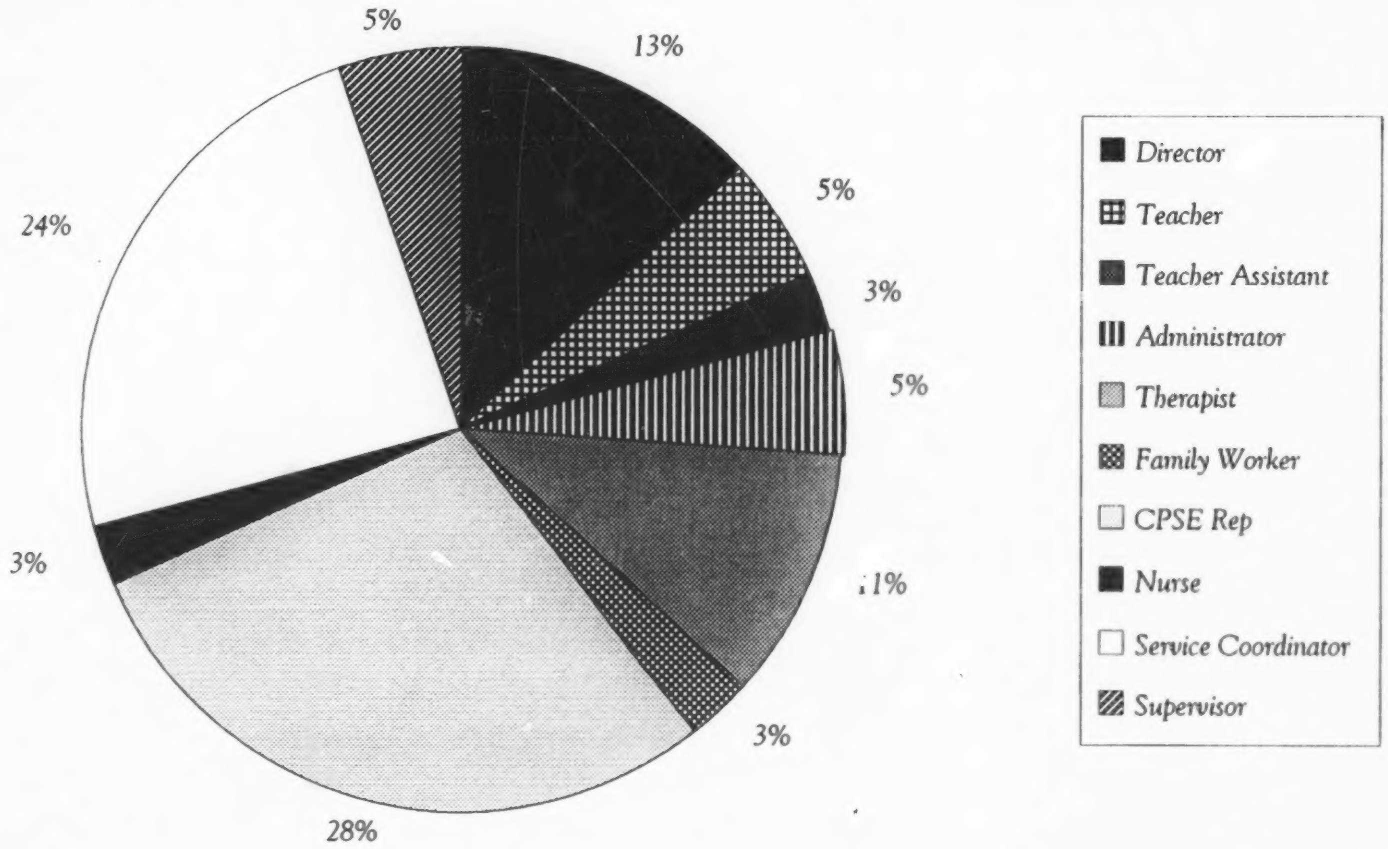
Janice Goldman
68 Ridge Road
Smithtown, N.Y. 11787
360-1852

Linda Blitzer
14 Thorngrove Lane
Dix Hills, N.Y. 11746
643-7188

Patricia Quigley
6 Dexter Lane
Kings Park, New York 11754
265-0724

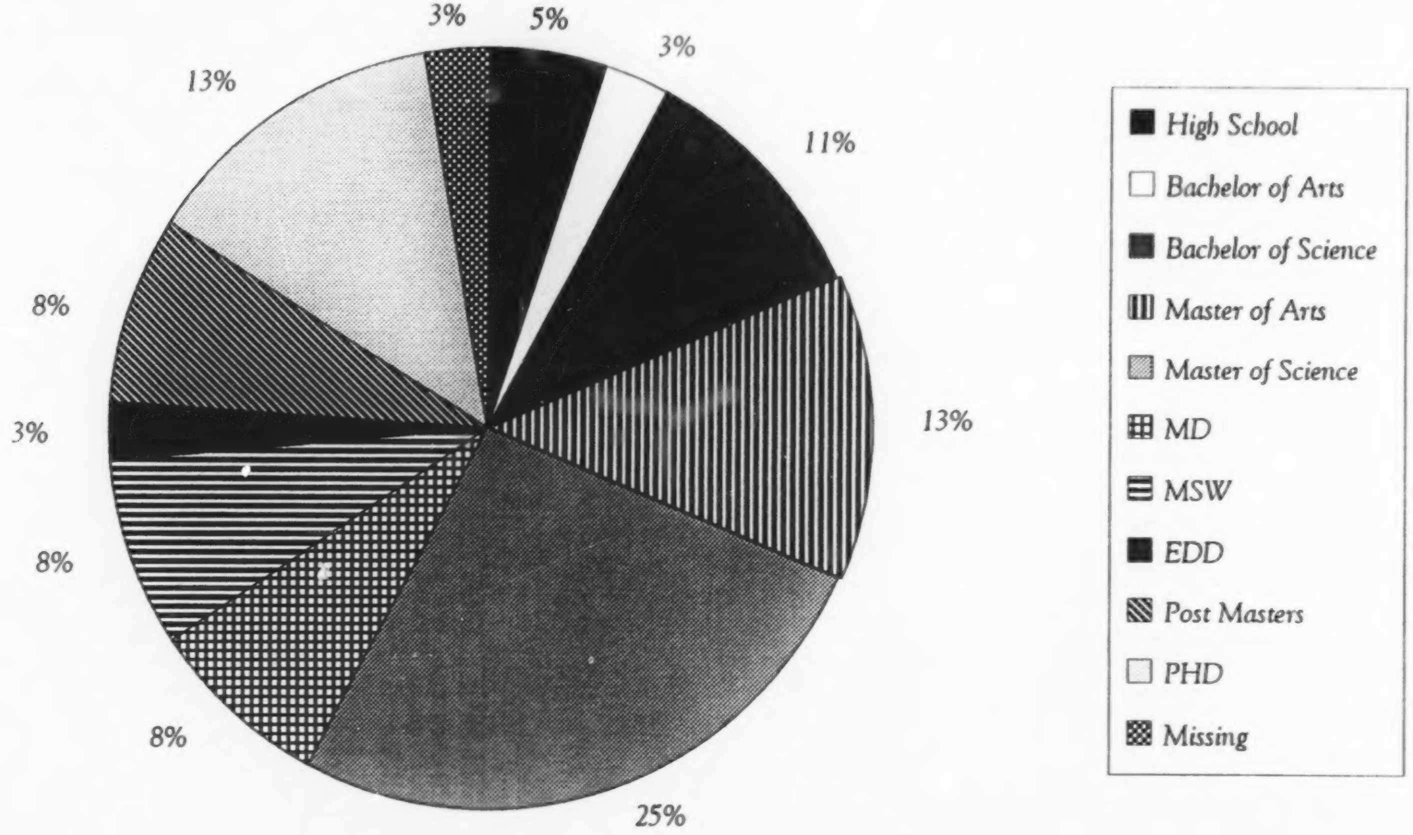
Ellen Woodward
42 Bay Dr. West
Huntington, N.Y. 11743
271-8464

Discipline of Participants in Workshop 1



BEST COPY AVAILABLE

Level of Education of Participants in Workshop 1



WESTCHESTER CO. DEPT OF HEALTH

DIRECTIONS TO THE DOBBS FERRY CAMPUS

FROM LOWER WESTCHESTER COUNTY & NEW YORK CITY

Saw Mill River Parkway (North)

To Dobbs Ferry Exit. Turn left onto Ashford Ave. Turn right onto Broadway (Rt. 9), continue 1 2 mile to entrance on left.

New York Thruway (North)

To Exit 7, Ardsley. Turn right at end of ramp and continue to traffic light. Turn left onto Ashford Ave. Follow route as above.

FROM NORTHERN WESTCHESTER & PUTNAM COUNTIES

Saw Mill River Parkway (South)

To Dobbs Ferry Exit. Exit onto Ashford Ave. Follow route as above.

FROM ROCKLAND & ORANGE COUNTIES & NEW JERSEY

Tappan Zee Bridge

Exit immediately after toll (Exit 9). Turn left at end of ramp onto Broadway (Rt. 9). Continue 4 miles to entrance on right.

FROM WESTCHESTER COUNTY & CONNECTICUT:

Cross Westchester Expressway (West), to New York Thruway (North). To Exit 9, last exit before Tappan Zee Bridge. Turn left at end of ramp onto Rt. 119. Turn left at traffic light onto Broadway (Rt. 9). Continue 4 miles to entrance on right.

DOBBS FERRY CAMPUS

555 Broadway
Dobbs Ferry, NY 10522
914/ 693 7600

Westchester County Dept. of Health
Services for Children with Disabilities
19 Bradhurst Avenue
Hawthorne, New York 10532

BEST COPY AVAILABLE

Early Intervention/Preschool Special Education Transition: Challenges for Policy Makers, Practitioners and Parents

October 14, 1993

at

Mercy College
555 Broadway
Dobbs Ferry, New York

Sponsored by:

Westchester County Dept. of Health
Services for Children with Disabilities

Westchester County

ANDREW P. O'ROURKE
County Executive
Mark S. Rapoport, M.D. M.P.H.
Commissioner, Department of Health

Schedule

8:45- 9:15	Registration/Sign In/ Selection of Breakout Session
9:15-10:45	Syracuse City School District: Rhonda Freedman, Admin. for Early Childhood Ed. Chris Vogelsang, Admin. Intern
10:45-11:00	Break
11:00-12:15	Division of Child and Family Studies, University of Connecticut: Mary Beth Bruder, Ph.D., Project Director Marie Bland, M.S., Project Coordinator Barbara Sherry, M.S, Training Associate
12:15- 1:00	Westchester County Department of Health Overview of EI System and Recommended Transitional Procedures
1:00-2:00	Lunch
2:00-3:30	Breakout Sessions

Breakout Session

#1	Developing Action Plans for your Agency, CPSE, etc.
#2	Syracuse City School District-- Open Forum
#3	Inclusion from different perspectives: •CPSE Representative •Parent •Mainstream Program •Providers
#4	Local Inclusion Models •VARC •Related Service Providers
#5	Local Early Intervention Coordinating Council (LEICC)-- Open Forum

Purpose of Conference

- *To provide information on the early intervention process;*
- *To provide information on the transition process;*
- *To foster inclusion for children with special needs, ages birth to five, into all facets of the community.*

Keynote Speaker:

Rhonda Freedman, Administrator, Early Childhood Ed., and Chris Vogelsang, Administrative Intern, will present the Syracuse City School District's Preschool inclusion Program.

Dr. Mary Beth Bruder and Associate will present the Connecticut Model for Inclusion, as well as ways to facilitate inclusion.

Please come ready to generate ideas and solutions

Registration

Please send one registration form for each participant (copy as needed)

Name ____________________

Affiliation/Agency ____________________

Role or Profession (e.g. parent) ____________________

Address ____________________

____

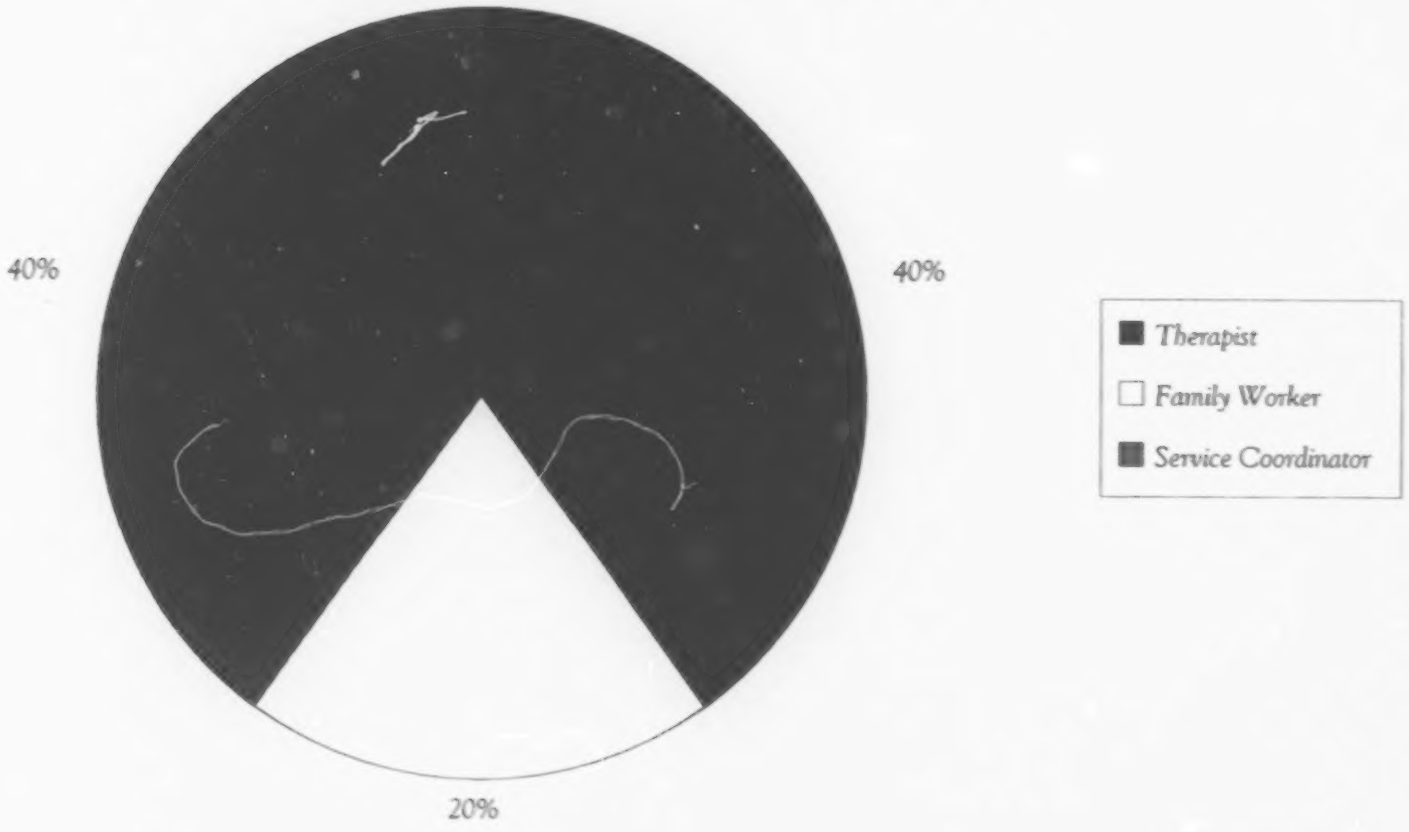
Telephone ____________________

Lunch may be purchased at Mercy College

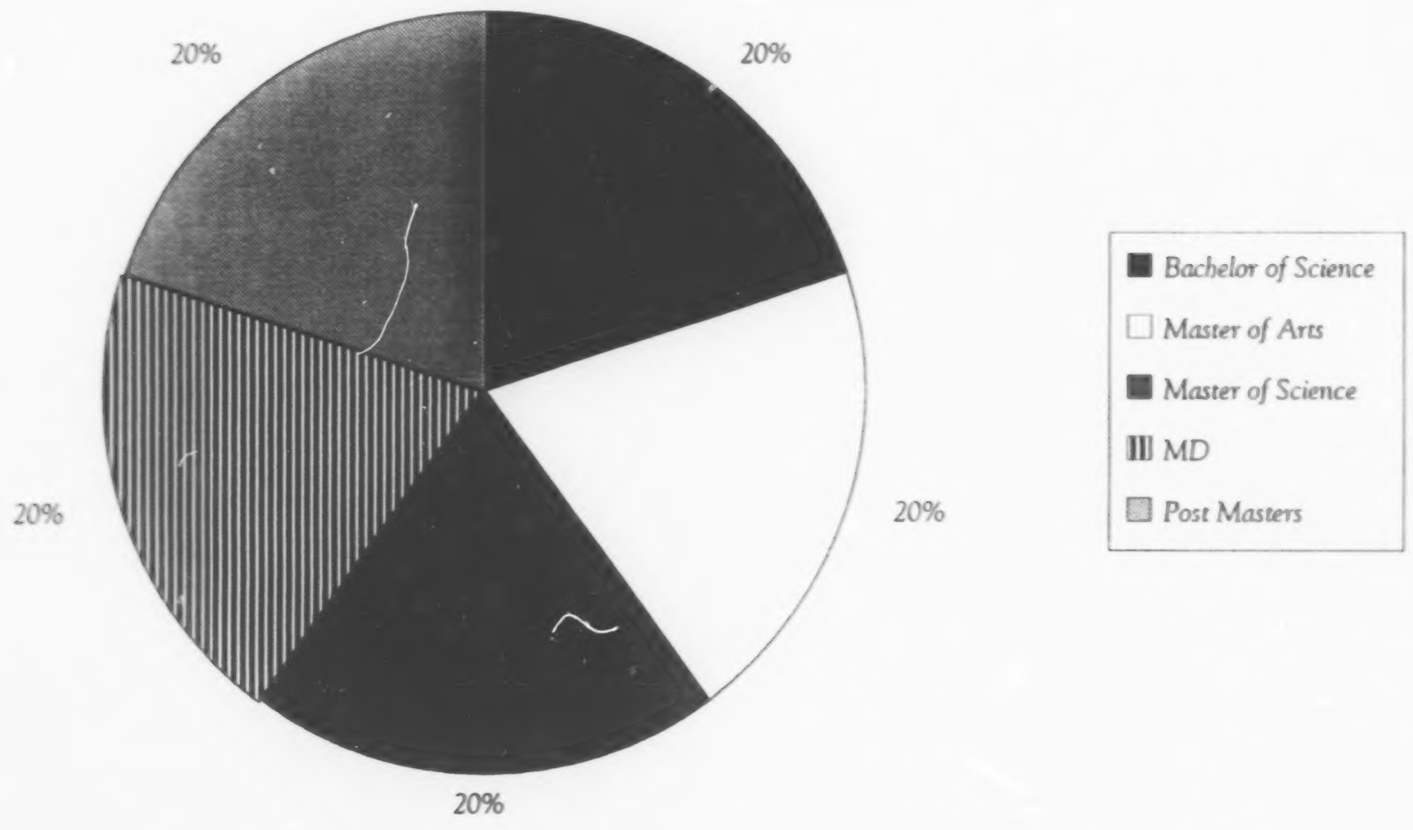
Deadline for Registration: Oct 1, 1993
Mail To: Suzanne Kaplan, Director
Westchester County Department of Health, Services for Children with Disabilities 10 Bradhurst Ave.
Hawthorne, NY 10532 (914)593-5152 Fax (914)593-5297

BEST COPY AVAILABLE

Discipline of Participants in Workshop 2



Level of Education of Participants in Workshop 2



ROCHESTER CHILDREN'S NURSERY

PARTICIPANT LIST

Agency Name and Address: Rochester Children's Nursery
Date of Training: February 3, 1994
Training ID#: 5 (Workshop)

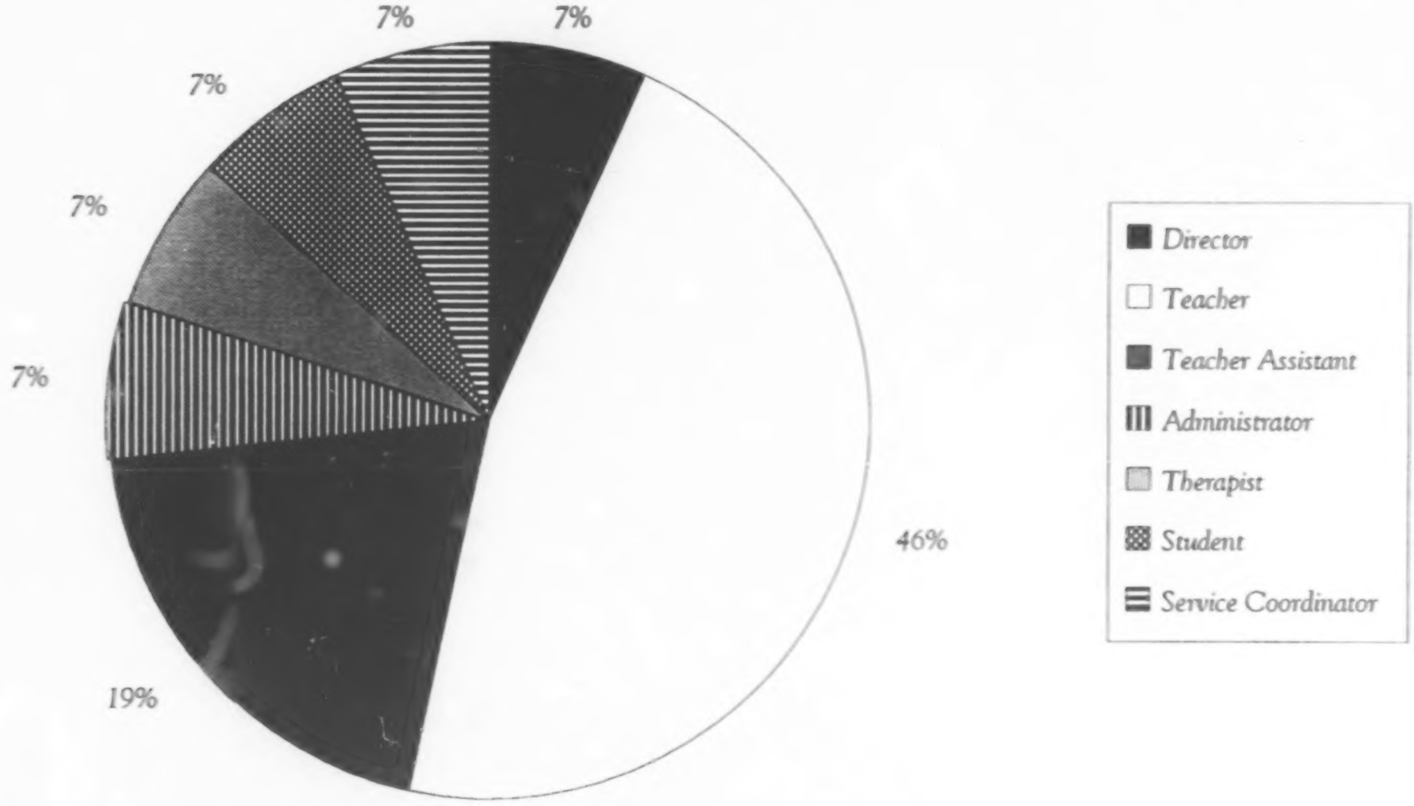
Name/Title/Agency	Address	Telephone
Michelle Prince Rochester Children's Nursery	941 South Avenue Rochester, NY 14620	473-2858
Stacy Spencer Rochester Children's Nursery	941 South Avenue Rochester, NY 14620	473-2858
Phyllis White	941 South Avenue Rochester, NY 14620	473-2858
Victoria F. Weaver	9141 South Avenue Rochester, NY 14620	473-2858
Janet Healey	941 South Avenue Rochester, NY 14620	473-2858
Linda Stannard	941 South Avenue Rochester, NY 14620	473-2858
Suzanne Smalling	941 South Avenue Rochester, NY 14620	473-2858
Betsy Dunn	941 South Avenue Rochester, NY 14620	473-2858
Kathryn Martyniuk	941 South Avenue Rochester, NY 14620	473-2858
Carole McLean	941 South Avenue Rochester, NY 14620	473-2858
Brenda Dicket	941 South Avenue Rochester, NY 14620	473-2858
Rachel Chalmers	941 South Avenue Rochester, NY 14620	473-2858

PARTICIPANT LIST

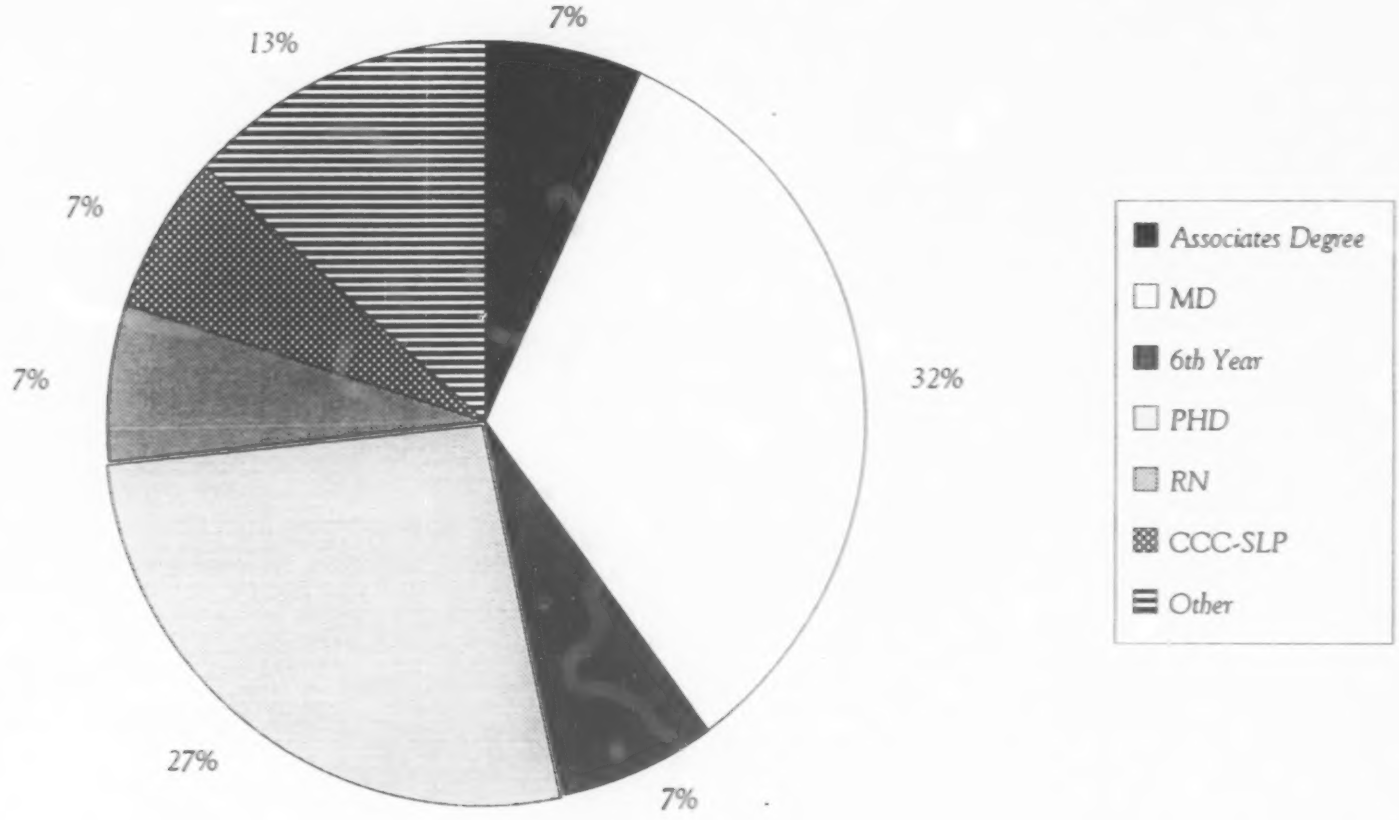
Agency Name and Address: Rochester Children's Nursery
Date of Training: 2/3/94
Training ID#: 5

Name/Title/Agency	Address	Telephone
Mariellen Cupini, RCN	941 South Avenue Rochester, NY 14620	473-2858
Wylene Ranson	9141 South Avenue Rochester, NY 14620	473-2858
Sandy Wright	941 South Avenue Rochester, NY 14620	473-2858
Sharon N. Williams	941 South Avenue Rochester, NY 14630	473-2858
Lisa Krule	941 South Avenue Rochester, NY 14630	473-2858
Janet Hudson	941 South Avenue Rochester, NY 14630	473-2858

Discipline of Participants in Workshop 5



Level of Education of Participants in Workshop 5



N.Y. STATE INCLUSION CONFERENCE

PURPOSE OF PRESENTATION

The provision of inclusive early childhood programs for young children with disabilities is not a very prevalent practice in New York State. Yet, research suggests the positive effects this model of early intervention can have on children with disabilities and children without disabilities. Public law is also supporting this service delivery model, yet programs and agencies are very vocal about their need for additional resources to implement this change. The challenge of integrated or inclusive programming for young children with disabilities 1990's will be the availability of effective training models to enable staff, families, and programs to move from current practice into more normative, community based models of early childhood education for all young children.

This workshop presentation proposes to share with participants, the content of the Community Inclusion Project training. This project has been funded to replicate a model demonstration project which utilized community-based natural group environments as early intervention and early childhood special education service delivery sites. Participants will be made aware of the components necessary to implement community-based, inclusive early childhood programs. In addition, they will be guided through the development of action-plans to outline the implementation of inclusive programs at their sites.

SUMMARY OF CONTENT AND FORMAT

This workshop will focus on a number of interrelated service delivery characteristics that have been identified as necessary for the effective implementation of the Community Inclusion Project across participating programs and agencies. These characteristics serve as quality indicators of integrated services for the project staff as they facilitate the model implementation process across programs, staff, children and their families. Each characteristic will be discussed in depth.

1. A program philosophy for inclusive early childhood services.
2. A consistent and ongoing system for family involvement.
3. A system of team planning and program implementation.
4. A system of collaboration and communication with other agencies that provide services to young children with disabilities and their families.
5. A well-constructed Individualized Education Program or Individualized Family Service Plan that dictates the instructional content for each participating child.
6. Integrated delivery of educational and related services.
7. A consistent and ongoing system for training and staff development.
8. A comprehensive system for evaluating the effectiveness of the program.

Workshop participants will then be given the opportunity to participate in breakout groups and develop action plans that will begin to outline their commitment to inclusion and their development of an inclusive program.

Participant List 3/9/94

June Smith
Special Services
Oswego County Head Start
826 Holly Drive
Fulton, New York
(315) 598-4711

Darcy Walker
Director
Franklin County ARC
38 Waubeek Avenue
Tupper Lake, New York 12986
(518) 359-3351

Sharon Frazer
Tops for Tots
274 North Main Street
Spring Valley, New York 10977
(914) 425-5821

Debera Parsons
Capital District Child Care Coordinating Council
91 Broadway
Menands, New York
(518) 426-7181

Carolyn Trimback
YWCA Child Care
5714 S. Ticwait Road
Lockport, New York 14094
(716) 434-1333

Judy Cup
Day Care Coordinator
ARC Childrens Services
Holcomb, Geneseo, New York 14454
(716) 245-5686

Susan L. Recchia
Department of Special Ed
Teachers College, Columbia University
Box 223
525 W. 120th Street
New York, New York 10027
(212) 678-3865

Paul Cassone Acroid
162 Fifth Avenue
New York, New York 10010
(212) 741-0100

Althea Baily
OMRDD
1695 Eastchester Road
Suite 505
Bronx, New York 10461
(212) 741-0100

Diane Apter
ECED
200 Huntington Hall
Syracuse, New York 13244
(315) 443-4352

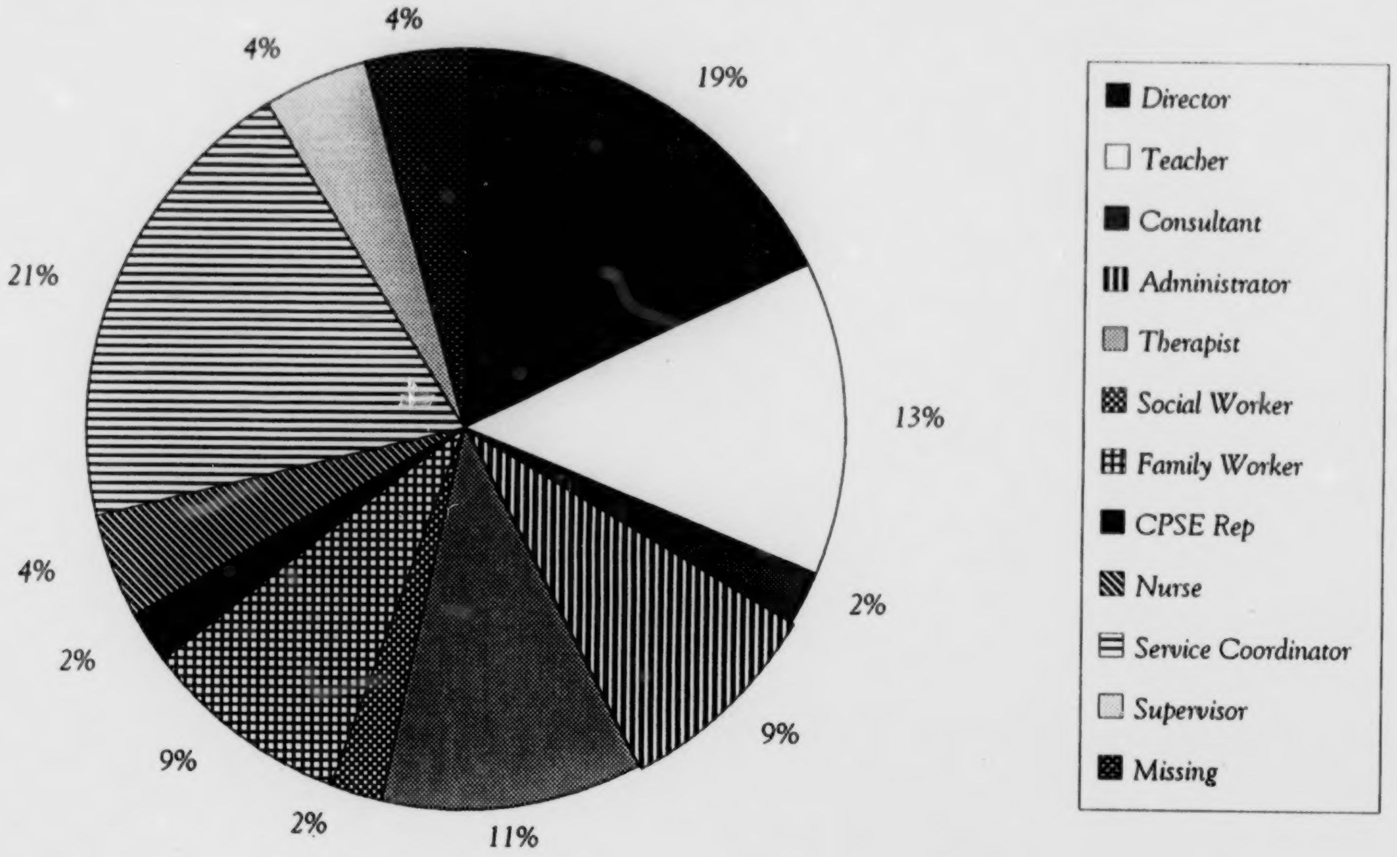
Carroll Grant
Devel. Eval Center
215 Bassett Street
Syracuse, New York 13210
(315) 472-4404

Mary Anne Wilson
Director, Associate Professor
Early Childhood Educaton
Sullivan County Community College
Box 4002
LeRoy Road
She????, New York 12759-4002
(914) 434-5750 x 316

Anne Keetz
Beginnings Preschool
107 Meadowbrook Drive
Slingerlands, New York
(518) 438-7236

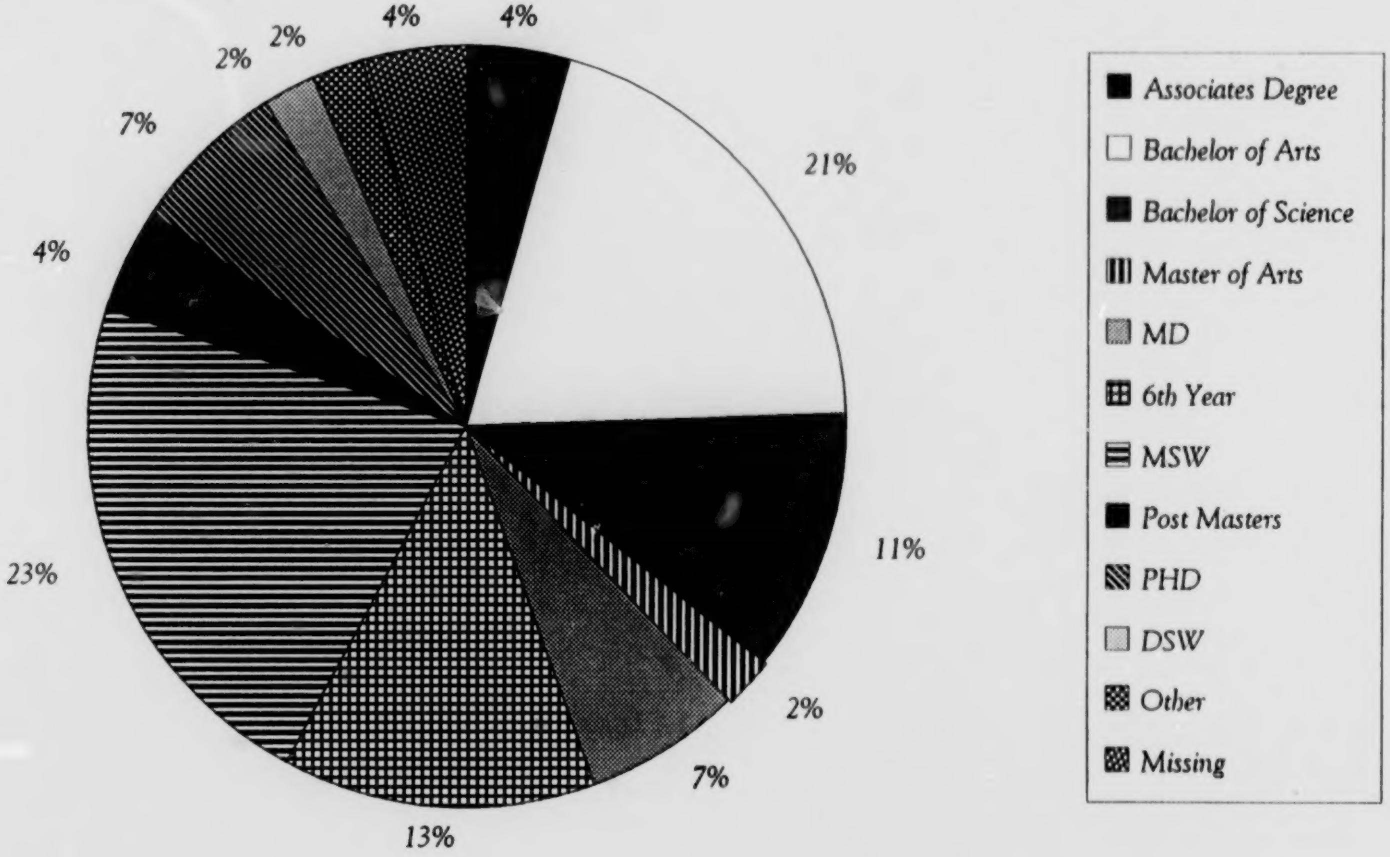
Peter Allen
Division Director for Education Services
Utica UCP
1020 Mary Street
Utica, New York 13501

Discipline of Participants in Workshop 6



196

Level of Education of Participants in Workshop 6



SYRACUSE HEAD START CONFERENCE

THE UNIVERSITY OF CONNECTICUT
DIVISION OF CHILD AND FAMILY STUDIES
COMMUNITY INCLUSION PROJECT

HEADSTART RAP CONFERENCE

THE IEP: IT'S FUN, SIMPLE AND USEFUL

March 23 and 24, 1994

Presenters: Marie Brand & Barbara Sherry

Purpose: To present guidelines for developing Individualized Educational Programs (IEP's) to support the inclusion of children with disabilities in community settings.

I. Introduction

II. Getting the IEP Started: Communication and Teamwork

III. Components of an IEP

IV. Writing Simple/Functional Behavioral Objectives

V. "Early Childhood Education AT ITS BEST!" (Video)

VI. Implementing the IEP in Your Classroom

VII. Summary/Questions

Syracuse Head Start Workshop (RAP)

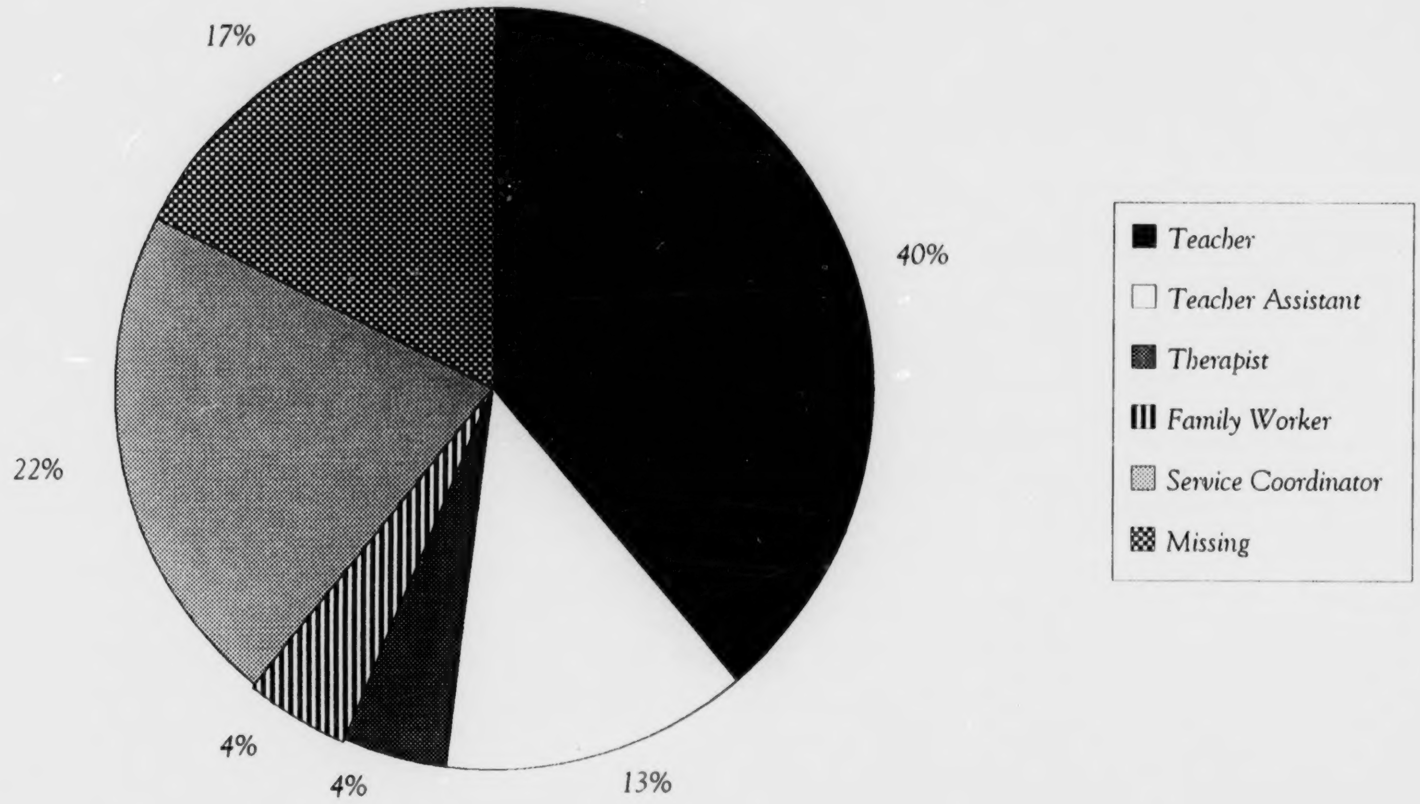
List of Participants

Agency Name and Address: RAP
Date of Training: 3/23/94
Training ID #: 7

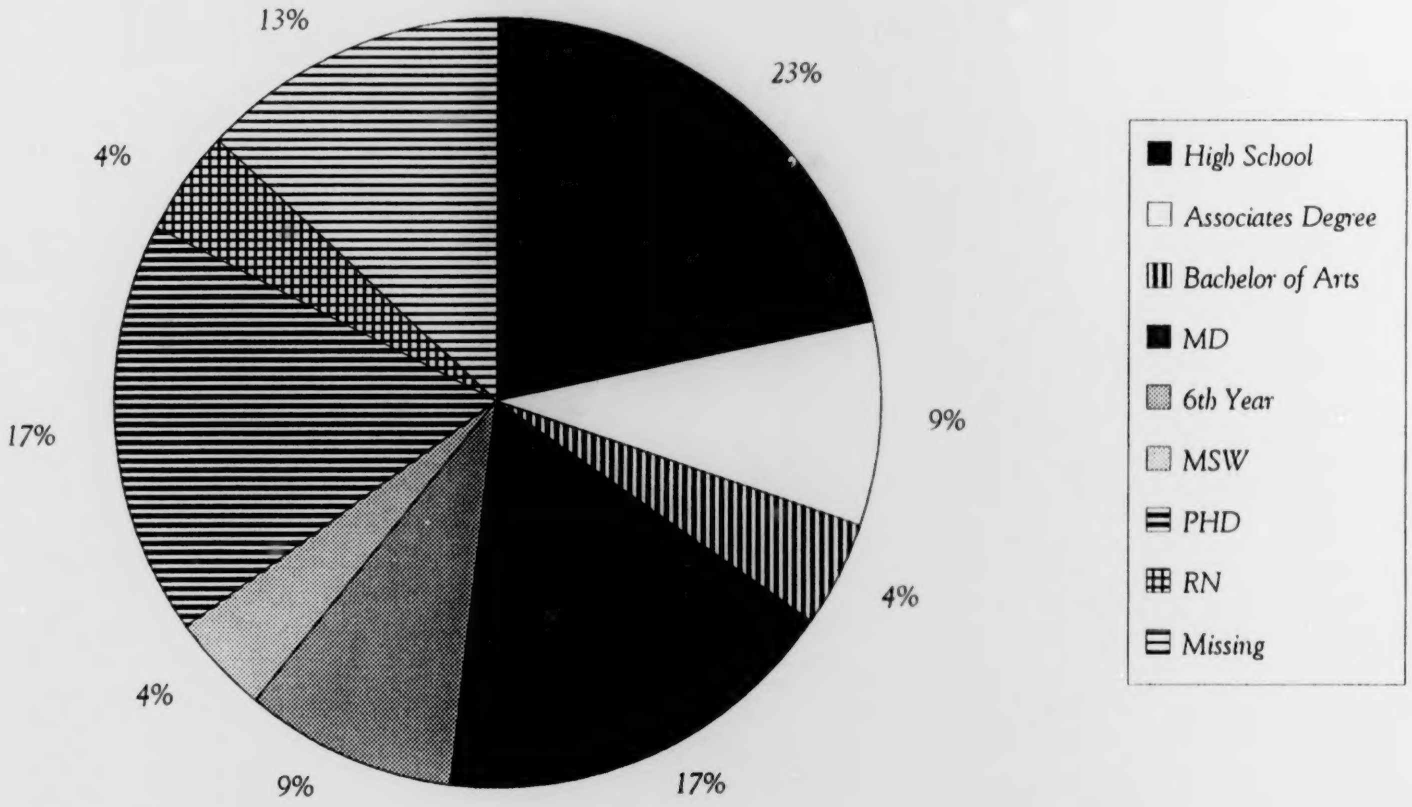
Name/Title/Agency	Address	Telephone
Lori Hazleton	293 Crescent Street Jamestown, N.Y. 14201	(716) 484-9780
Kelly Lyon	41A Cortland Street Norwich, CT 13815	(607) 334-8479
De Ruland	6 Pleasantview Drive Cobleskill, N.Y. 12043	
Lisa Jacobson	545 Sunflower Drive Liverpool, N.Y. 13088	(315) 453-2040
Audra Mitchell	4 Centennial Drive, #3D Syracuse, N.Y. 13207	(315) 426-0322
Deborah Francis	357 Snyder Hill Road Ithaca, N.Y.	(607) 272-6513
Althea Duval	350 Burke Road Plattsburgh, N.Y. 12901	
Giana Floccane	97 Forest Place Fredonia, N.Y. 14063	(716) 672-5803
Bahija Agyubi	10466 Fritz Road W. Valley, N.Y. 14171	(716) 942-6809
Teri Cameron	110 East Main Street, #F6 Allegany, N.Y. 147106	(716) 373-6541

Jean Teabout	6 Eagle Street Amsterdam, N.Y. 12010	(518) 842-0329
Mary-Jo Bommersbach	2662 Forest Hill Drive Auburn, N.Y. 13021	(315) 252-8735
Sarah Aldrich	2662 Box 89-A-1, Hunt Road Ashville, N.Y. 14710	(716) 763-0253
Carol Roadway	4 Church Street Chateugay, N.Y. 12920	(518) 497-6119
Cynthia Rugg	P.O. Box 315 Ashville, N.Y. 14710	(716) 763-4625
Lynn Reid	18 Plymouth Road Tonawanda, N.Y. 14710	(716) 763-4625
Gina Townson	118 E. Main Street Cobleskill, N.Y. 12043	(518) 234-3211
Jo Ann Daigle	16 Reservoir Drive Queensburg, N.Y. 12804	(518) 798-7555
Karen Gibson	40 Glenwood Street, #4 Albany, N.Y. 12208	(518) 436-0013
Andre Harper	469 Meigs Street, #1 Rochester, N.Y. 14607	(716) 271-0724
Pamela Hamm	1019 Park Avenue Schenectady, N.Y. 12308	(518) 374-7332
Maryanna Bartell	2 Winding Brook Drive Fairport, N.Y. 14450	

Discipline of Participants in Workshop 7



Level of Education of Participants in Workshop 7



Syracuse, N.Y. Head Start Workshop (RAP)

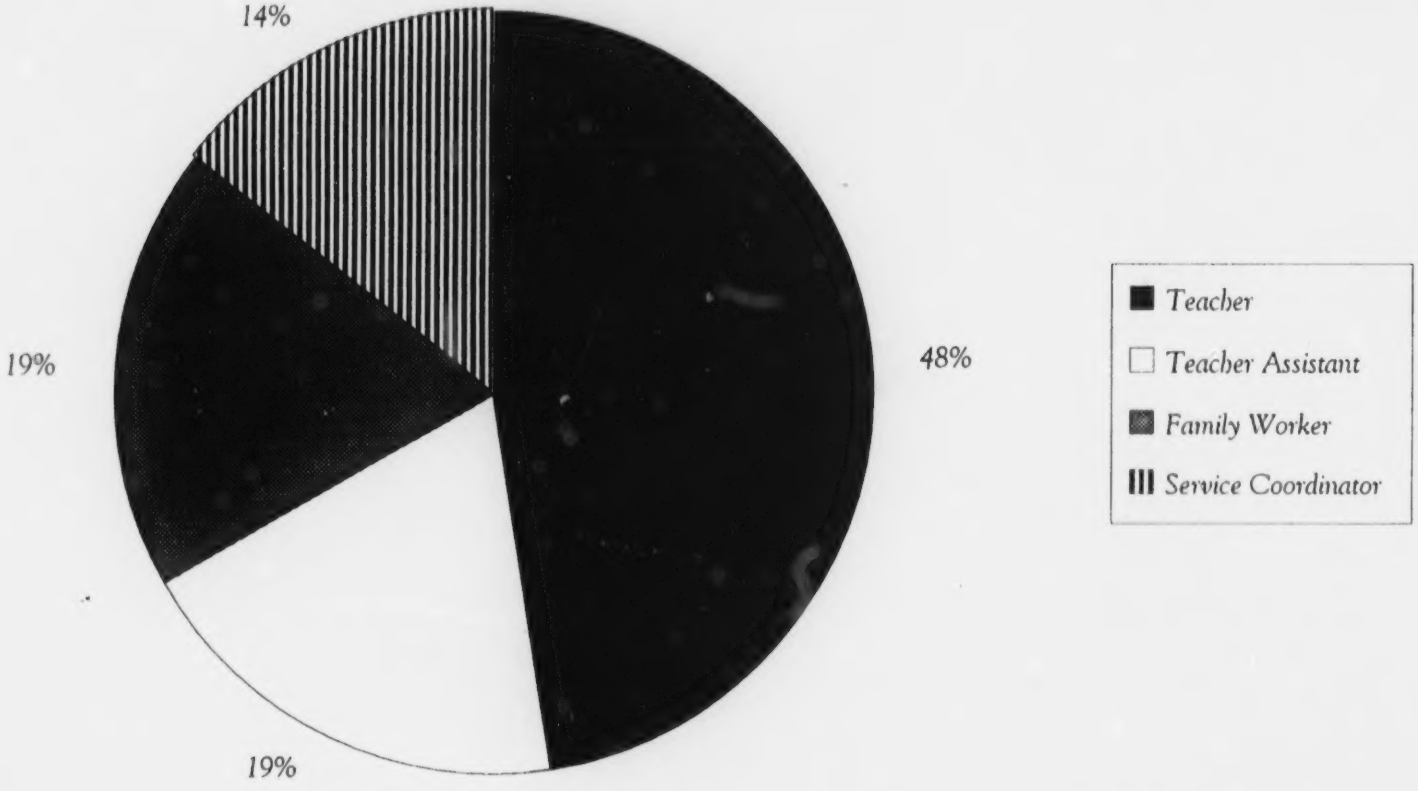
List of Participants

Agency Name and Address: RAP
Date of Training: 3/23/94
Training ID #: 8

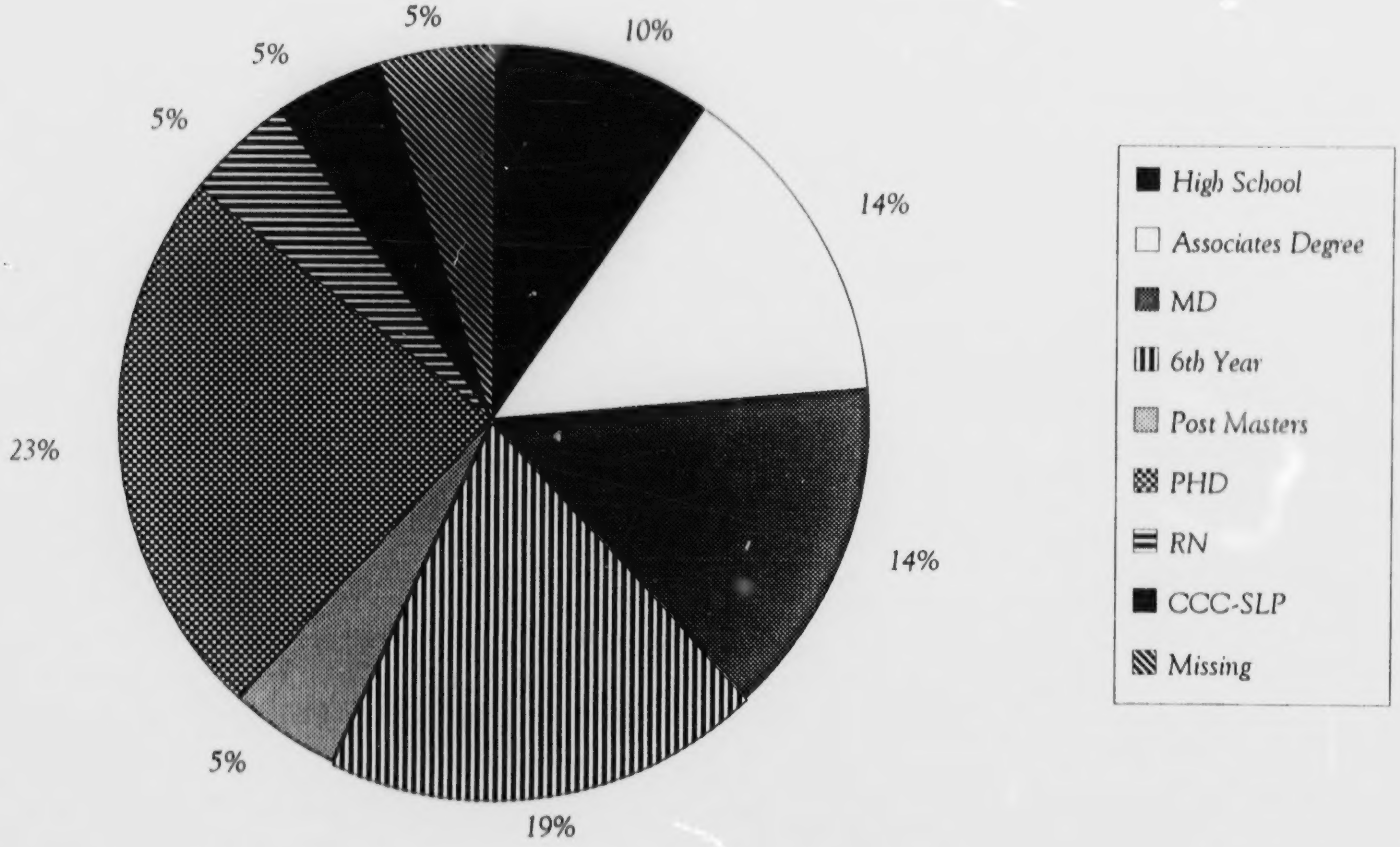
Name/Title/Agency	Address	Telephone
Norma Cary	1 Commerce Lane Canton, N.Y. 13617	(315) 386-8574
Margi Beem-Miller	1932 Ellis Hollow Ithaca, N.Y. 14850	(607) 539-7867
Laura Patterson	139 Orange Avenue Walden, N.Y. 12586	(914) 778-2756
Alda Pendell	31 West Main Stret Port Jarvis, N.Y. 12771	(914) 856-2168
Lorraine Housto	Ithaca City Schools Ithaca, N.Y. 14850	(315) 274-2208
Elizabeth Morocco	417 Broad Street Oneida, N.Y. 13421	(315) 361-1870
Colleen Hendrickson	P.O. Box 582 Hancock, N.Y. 13783	(607) 637-3752
Liz Damon	312 Gale Street Watertown, N.Y. 13601	(315) 786-1164
Lisa O'Brien	107 No. Beacon Street Mdtn., N.Y. 10940	(914) 344-3730
Rena Kovac	71 Carroll Street Binghamton, N.Y. 13901	(607) 724-6809

Cheryl Cartier	38 Brookside Avenue Amsterdam, N.Y. 12010	(716) 843-5410
Victoria Proper	Box 276, Suits Road Duanesburrg, N.Y. 12056	
Linda McKinstry	P.O. Box 25 Preble, N.Y. 13141	(315) 475-3300
Lisa Stafford	296 Glens Street Glens Falls, N.Y. 12801	(518) 793-3524
Carol LeFever	829 South Glenora Road Dundee, N.Y. 14837	(607) 243-5944
Melba Ortiz	RD #1, 219A Chatham, N.Y. 12037	(518) 392-9517
Donna Derby	6878 No. Main Street Chery Creek, N.Y. 14723	(716) 296-8952
Jackie Borst	1116 Hunt Road Lakewood, N.Y. 14750	(716) 763-8400
Kelly Augustus	RD #4, Box 173-D Watertown, N.Y. 13601	(315) 629-1701
Kathy Baker	5 William Street Port Henry, N.Y. 12974	(518) 834-7171
John Woodard	70 Riverwoods Drive Grand Island, N.Y. 14072	(716) 881-5150

Discipline of Participants in Workshop 8



Level of Education of Participants in Workshop 8



Syracuse, N.Y. Head Start Workshop (RAP)

List of Participants

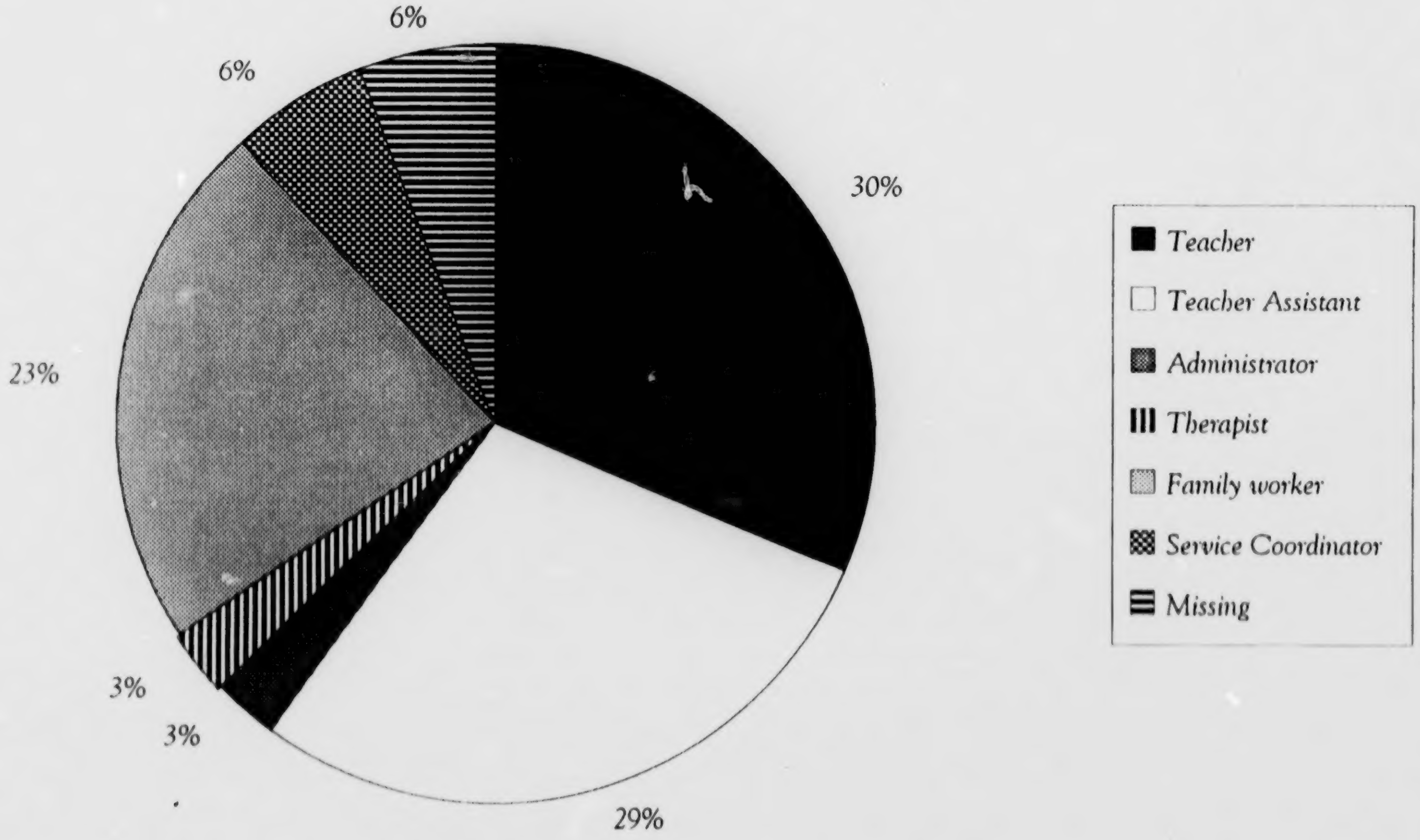
Agency Name and Address: RAP
Date of Trainig: 3/23/94
Training ID #: 9

Name/Title/Agency	Address	Telephone
Lorette Johnson	99 Van Arden Street Auburn, N.Y. 13021	(716) 252-0038
Christina Battles	P.O. Box 197 Port Leyden, N.Y. 13433	(315) 348-4467
Maria Hernandez	45 Grant Avenue Auburn, N.Y. 13021	(315) 255-0280
Renee Gates	1787 Mountain View Drive, R.D.#2 Homer, N.Y.	(607) 749-3510
Donna Smith	21 King Street Norwich, N.Y. 13815	(607) 334-4172
Nancy Siegele	201 Richard Place Ithaca, N.Y. 14850	(607) 272-0885
Jan Marina	1013 Margaret Avenue Chittenango, N.Y. 13037	(315) 687-9042
Patricia Stempel	RD #2, Box 317-H Woorhesville, N.Y. 12186	(315) 872-0195
James Darin	352 Fellows Avenue Syracuse, N.Y. 13218	(315) 470-3346
Suzanne Wood	P.O. Box 244, Maple Street Harpursville, N.Y. 13789	(607) 693-3138

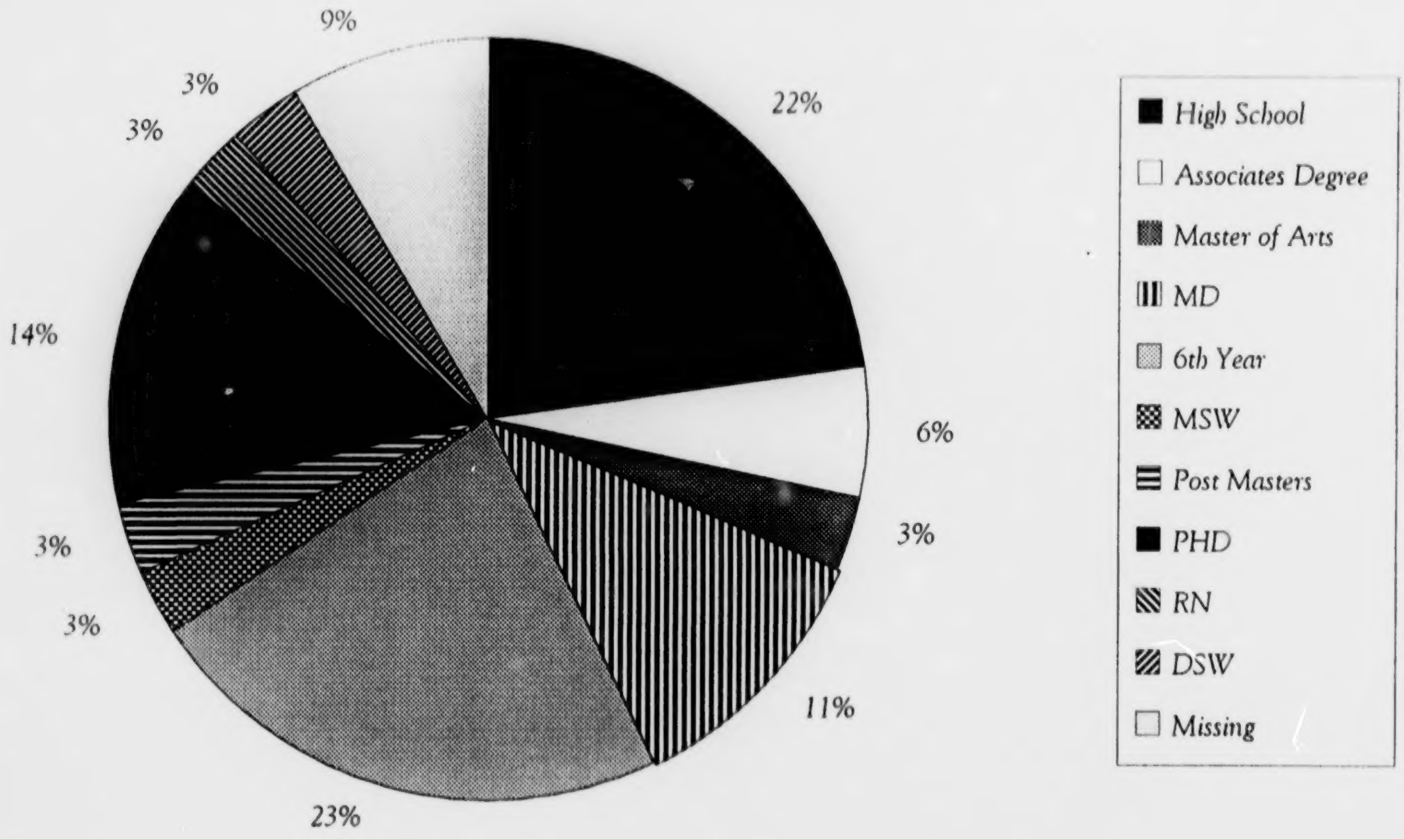
Paula Spencer	3270 NY Route 79 Harpursville, N.Y. 13787	(607) 693-2950
Laura Reeve	RD #1, Box 180 Anthony Road, Greenwich, N.Y.	(518) 695-3772
Patricia Shine	50 Fitch Avenue Auburn, N.Y. 13021	(315) 252-0038
Marella Yasharian	2779 Colesville Road Harpursville, N.Y. 13787	(607) 693-2085
Lorraine Smith	181 Dodge Avenue Corning, N.Y. 14830	(607) 936-4521
Lucille Price	RD Box 1140A Argyle, N.Y. 12809	(518) 638-6105
Stacey Trevellyan	RD #2, Box 2755 Whitehall, N.Y. 12886	(518) 499-1900
Amy Markowski	Box 189, Erieville Road Erieville, N.Y. 13061	(607) 684-3001
Carol Czach	50 Maplewood Drive Ballston Lake, N.Y. 12019	(518) 377-8539
Susan Rich	P.O. Box 204 Delhi, N.Y. 13753	(607) 538-1045
Christine Hay	859 E. Ancram Road Ancramdale, N.Y. 12503	(518) 329-0753
Sylvia Przemiewski	P.O. Box 41 Black Creek, N.Y. 14714	(518) 593-6081
Amy Newell	335 N. Rutland Street Watertown, N.Y. 13601	(315) 493-4329
Diane Angle	P.O. Box 100 Montour Falls, N.Y. 14865	(607) 535-7131

Lela Pulverenti	12 Bellview Drive Canastota, N.Y. 13032	(315) 697-9228
Linda Height	267 Christiana Street. No. Tonawanda, N.Y. 14120	(716) 694-5127
Amy LaForge	29 1/2 Central Place Wellsville, N.Y. 14895	(716) 593-7521
Laurie Bradley	9168 Sunderville Road Lyons, N.Y. 14489	(315) 946-6484
Jeanette Fray	47 Algonquin Drive Queensburg, N.Y. 12804	(518) 745-7349
Juliette Smith	167 Vliet Blvd. Cohoes, N.Y. 12047	(518) 237-3349
Louise Camacho	150 E. Second Street Dunkirk, N.Y. 14048	(716) 366-7378
Deborah Round	2431 Jaffrey Street Schenectady, N.Y. 12309	(518) 377-8539
Rochelle Bell	33 E. Genesee Street Auburn, N.Y. 13021	
Cheryl Bellnier	146 Washington Street Auburn, N.Y. 13021	
Susan Esposito	9 Mead Street Walton, N.Y. 13856	(607) 865-6319

Discipline of Participants in Workshop 9



Level of Education of Participants in Workshop 9



NASSAU CO. DEPT. OF HEALTH

Inclusion in Early Intervention Symposium
March 25, 1994

Adler, Beth
1 EAB Plaza
Uniondale, NY 11555
296-6950

Alston, Lenise
Hofstra Child Care
131 Hofstra University
Hempstead, NY 11501
463-5194

Alter, Jeanne
HASC
321 Woodmere Boulevard
Woodmere, NY 11598
295-1340

Altman, Miriam (Speech Path.)
Franklin Hospital
825-8800 Ext. 2103

Anderson, Kristine
NCHD - Ext. 2510

Apostoli, Beth
Henry Viscardi School
747-5400 Ext. 1632

Aragon, Ingrid
200 West Merrick Road APT 1B
Freeport, NY
377-0358

Baldasare, Barbara

Bambino, Jeanne
2171 Fir Street
Wantagh, NY 11793
221-7816

Barbieri, Jan
Day Care Council
925 Hempstead Turnpike
Franklin Square, NY 11010
359-9250 Ext. 24

Barnett, Renee
Elmont UFSD 481-8668
748 Plato Street
Franklin Square, NY

Mehter, Swati (M.D.)
161 Rose Lane
New Hyde Park, NY 11040
516-488-6272/718-245-3608

Bechtel, Linda
Mill Neck Manor

Berkowitz, Phyllis Dir.
Great Neck/Manhasset SD
10 Campbell Street
New Hyde Par, NY 11040

Berman, Rose Co-ord.
No. Sho. Hosp. Inf. Devel.
57 Willet Avenue
Hicksville, NY
938-1484

Boland, Phyllis
490 Atlantic Avenue APT 221
East Rockaway, NY 11518
593-4213

Borger, Phyllis
NCHD 1-8623

Bornemann, Cheryl & Hank
489 Southside Avenue
Freeport, NY 11520
379-1357

Brenner, Carolyn, R.N.
Valley Street No. High School
750 Herman Avenue
Franklin Square, NY 11010
564-5544

Bridgett, Barbara
NCHD
250 Fulton Avenue Rm. 510
Hempstead, NY 11550

Brown, Mary
NCHD - Ext. 2510

Brown, Verna
Shaw Avenue School
Shaw Avenue
Valley Stream, NY 11582

Burley, Brenda
Hi-Hello Day Care
212 So. Ocean Avenue
Freeport, NY 11520
379-1825

Calderon, John
Thera Care of New York
5 W. 36th Street #402
New York, NY 10018

Caplice, Chris
(Elmont UFSD)
240 Parkway Drive
Westbury, NY 11590
334-6392

Castillo, Cecilia
NCHD Ext. 3695

Castineirar, Julie
St. Mary's Hospital for Children

Catuccy, Christine
242 Oak Street
West Hempstead, NY 11552
538-8413

Chapman, Barbara
NCMC - NeoNatal ICU

Chiarello, Liliana
Pres. of SEPTA Council
82 Monroe Street
Garden City, NY
342-5957

Chilemi, Rose
378-7001

Chin, Helene
NCHD Ext. 3749

Cintron, Howard
Hempstead UFSD
185 Peninsula Boulevard
Hempstead, NY 11550
292-7012

Davella
St. Albans, NY 11412
528-0692

Davila-Paultre, Angeles
NCHD Ext. 3695

DeGuzman, Delia
NCHD
250 Fulton Avenue Rm. 510
Hempstead, NY 11550
2-0920

Domb, Claudia
Harbor Day Care
999 Herricks Road
New Hyde Park, NY 11040
248-7048

Dunbar, Mr.
119-41 198 Street

Duplessis, Linda
NCHD 1-1688

Edelblum, Randi
Rosemary Kennedy Center
BOCES 781-4044

Edmonds, Frances S.
Spec. Ed. Coord.
Hempstead UFSD
185 Peninsula Boulevard
Hempstead, NY 11550
292-7025

Egan, Mary PHN
Hempstead Home Care
2-0920

Errante, Jennifer
3648 Crest Road
Wantagh, NY 11793
783-0408 (w) 562-2575

Eydel, Chris
Mill Neck Manor
922-4100

Feifer, Betty, Dir. of Soc. Work
Hempstead General Hospital
800 Front Street
Hempstead, NY 11501
560-1506

Feinstein, Joy
157 Middgley Drive
Hewlett, NY 11557
374-0216

Fine, Janet
Hi-Hello Day Care
212 So. Ocean Avenue
Freeport, NY 11520
379-1825

Finicchio, Phyllis
Hofstra Child Care
131 Hofstra University
Hempstead, NY 11501
463-5194

Fox, Delia
Day Care Council
925 Hempstead Turnpike
Franklin Square, NY 111010
358-9250

Frank, Sandra
Sam. Field YM/YWCA
58-20 Little Neck Parkway
Little Neck, NY 11362
718-225-6750 Ext. 234

Friedlander, Edward
Herricks UFSD
99 Shelter Rock Road
New Hyde Park, NY 11040
248-3113

Friedman, Lianne
Harbor Day Care
999 Herrick Road
New Hyde Park, NY 11040
248-7048

Gally, Lorie
O'Connel Rehab Center
709 West Jericho Turnpike
Huntington, NY 11743
549-1280

Gelormino, Dr. Jill
Hofstra Child Care
131 Hofstra University Hempstead,
NY 11501
463-5194

Glover, H.
Guiding Light LCC
265 Belmont Parkway
Hempstead, NY 11550
538-9627

Gold, Dr. Ruth
Hofstra University

Greenman, Dr. Lyle
1 EAB Plaza
Uniondale, NY 11555
296-6950

Hairston, Daryl
Soc. Wk. @ Winthrop
259 First Street
Mineola, NY
663-2341

Hankin, Dr. Dorie
Schneider Child. Hosp.
173 Mineola Boulevard (STE 301B)
Mineola, NY 11501
747-1850

Hardy, Kendall
NCHD 2-2981

Harmon, Katherine
NCHD Hempstead Home Care
2-0920

Harris, Jacki
Nassau BOCES - SETRC

Haviland, Philomena
Henry Viscardi School
201 IU Willets Road
Albertson, NY 11507
747-1828

Heileg, Jane
11 Russell Avenue
Bethpage, NY 11714
935-1331

Hinchy, Maryanne
2599 Park Court
East Meadow, NY 11554
579-8489

Hladky, Monica
11 Rose Street
Freeport, NY 867-7803

Hoffacker, Mark
Louise Oberkotten Center
201 IU Willets Road
Albertson, NY 11507
747-5400 Ext. 1632

Holmes, Arlene
242 Oak Street
West Hempstead, NY 11552
538-8413

Huber, Barbara
AHRC
189 Wheatley Road
Brookville, NY
626-1000 Ext. 328

Jaffe, Debbie
NCHD 2-8546

James, Ronald
P.O. Box 916
Long Beach, NY
793-1783

James, Beverly R., R.N.
LI Care At Home 794-0700
1975 Hempstead Tpke STE 402
East Meadow, NY 11554

Jauck, Shannon
NCHD Ext. 3695

Karotseris, Denice
Childrens Greenhouse
Nassau Community College
One Education Drive
Garden City, NY 11530
222-7085

Katz, Enid
NCHD Ext. 2530

Keogh, Julia
260 Frost Pond Road
Old Brookville, NY 11545
676-4104

Kornfeld, Wendy & David
5 Crabapple Drive
Roslyn, NY 11576

Kosik, Michell
Innovative Learning Center

Kubinski, Carl Ann
NCHD Ext. 3533

Kuo, Dr. Teresita
NCHD 1-2259

Lampione, Cindy
Levittown UFSD
Summit Lane School
Summit Lane
Levittown, NY 11756
796-3448

Levin, Bernice
43 Adele Road
Cedarhurst, NY 11516
239-4660

Levine, JoAnn
Early Childhood Dir. Center
47 Humphrey Drive
Syosset, NY 11791
364-8580

Levine, Debra
21 Sandra Drive
Dix Hills, NY 11746
67-3356

Macaulay, Ann
NCHD - Ext. 2530

MacCormac, Elani
100 Clinton Avenue
Mineola, NY 11501
1-1563

Mahler, Eileen - Nursing
So. Nassau Comm. Hosp.
2445 Oceanside Road
Oceanside, NY 11572
(H) 536-8236 (W) 763-3910

Mahoney, Mary CSW
NCMC 542-3932/3914

Makaryus, Samia
Woodhull Hospital
566 No. 6th Street
New Hyde Park, NY 11040

Mandato, Dr. Vincent
Syosset Central School District
Pell Lane
Syosset, NY 11791
364-5616

Manning, Megan Phy. Therap.
UCP
380 Washington Avenue
Roosevelt, NY 11575
378-2000 Ext. 300

Martello, Susan
Principal, BOCES
for Hearing Impaired
931-8507

Mata, Scarlett
14 Lena Avenue
Freeport, NY 11520

McCoy, Thomas
ALDS
2609 Beltagh Avenue
Bellmore, NY 11710
221-4700

Mehta, Dr. Swati
161 Rose Lane
New Hyde Park, NY 11040
718-245-3608

Mendelsohn, Jeri
HASC
321 Woodmere Boulevard
Woodmere, NY 11598
295-1340

Merker, Karen
Hofstra University
131 Hofstra University
Hempstead, NY 11501
463-5194

Middendorf, Alyse
Prot. & Advocacy Coord.
999 Herricks Road, RM 108
New Hyde Park, NY 11040
248-2222

Milch, Linda
LI Advocacy Center
1 Newell Road
Merrick, NY
868-0624

Moore, Dorothy
56-09 205th Street
Bayside, NY 11364
718-224-7324

Morrow, Rodney A.
30 Union Place
Roosevelt, NY 11710
221-4700

Nilson, Essie
32 Virginia Avenue
Hempstead, NY 11550
489-5338

Nuzzi-Citarella, Rosemarie
UCP
380 Washington Avenue
Roosevelt, NY 11575
378-200 Ext. 263

Oglivie, Pat
NCHD Hempstead Home Care
2-0920

Palladino, Christine
12 Debra Place
Syosset, NY 11791
364-2452

Panaro, Christine
32 Terrace Circle
Great Neck, NY 11021
746-0222

Papola, Dr. Pamela
NCMC
2201 Hempstead Turnpike
East Meadow, NY 11554
542-3914

Parsowith, Deborah
125 Westwood Dr. #147
Westbury, NY 11590
338-1109

Nathanson, Leslie
ALDS
2609 Beltagh Avenue
Bellmore, NY 11710
221-4700

Noia, June
97 Monroe Street
Massapequa Park, NY 11762
795-2188

O'Neill, Nicole
3 Surf Road
Rocky Point, NY 11778
821-7862

Oliveto, Michelle
St. Mary's Chilren Serv.
525 Convent Road
Syosset, NY 11791
921-0808

Panagoolopoolos, Margaritarosa
37-26 Parsons Boulevard
Flushing, NY 718-939-1731

Panniccia, Rosemary
581 Rose Boulevard
Baldwin, NY 11510
546-2905

Parikh, Ddr.
Tri Community Health Center
1080 Sunrise Highway
Amityville, NY
854-1952

Polick, Jodi
CW Post
Brookville, NY 11548
229-1935

Powell, Susan
LI Infant Devel. Prog.
2174 Hewlett Avenue
Merrick, NY 11566
546-2333

Rackowitz, Dole
Innovative Learning Center

Radziewicz, Dr. Christine
Sch. Lang. & Communic. Devel.
2353 Jerusalem Aveunue
No. Bellmore, NY 11710
783-7523

Roberts, Linda
NCHD - 250 Fulton Avenue
Hempstead 2-0920

Rockfeld, Michael
LI Inf. Devel. Program
2174 Hewlett Avenue
Merrick, NY 11566
546-2333

Ronis, Bud
ALDS2609 Beltagh Avenue
Bellmore, NY 11710
221-4700

Rosia, L.
P.O. Box 916
Long Beac
h, NY
793-1783

Rottas, Joan RN Co-ord
NCMC 2201 Hempstead Tpke.
East Meadow, NY 11554
542-3941

Rubin, Robin L.
Adults & Child. w/Learn. Disab.
660 Hyman Aveue
Bay Shore, NY 11706
422-4837

Schneider, Pat
Henry Viscardi School
747-5400 Ext. 1632

Selig, Marlene
Port. Wash. Children Center
Flower Hill School
Campus Dr.
Port Washington, NY 11050
883-4864

Serpico, Catherine
UCP
50 Franklin Avenue
Glen Cove, NY 11542
674-4846

Shaw, Dr. Panna
33 Fairview Avenue
Great Neck, NY 11023
482-7294

Sheppard, Joan
Rose Lee Childhood Center
180 No. Village Avenue
Rockville Centre, NY 11570
536-5674

Sommer, Rhonda
9 Sycamore Drive
Roslyn, NY 11576
627-8668

Squillanti, Nina
Syosset Comm. Hospital
496-6572

Stamm, Lenore K.
LI Inf. Devel. Program
2174 Hewlett Avenue
Merrick, NY 11566
546-2333

Stein, Sylvia
NCHD Hempstead Home Care
2-0920

Stern, Claudia
Schnneider's Hospital
516-326-5600

Tepperman, Linda
145 Commack Road
Commack, NY 11725
499-5360

Toomey, Aileen
Mill Neck Manor

Vora, Ila
LI Devel. Disab. SO
133 Carman Road
Melville, NY 11747
385-2761

Watford, Diane
221-16 146 Avenue
Rosedale, NY 11413
(private day care)
371-1220

Wilansky, Judith
Franklin Early Childhood Center
Hewlett, NY 11557
374-8150

Williams, Delores
UCP
3958 Demont Road
Seaford, NY 11783
718-835-1555

Starr, Eileen
UCP
26 Charles Street
Floral Park Village, NY 11001
378-2000 Ext. 303

Stein, Lois
378-7001

Tapply, Dr. Marlaine
76 Fairhaven Boulevard
Woodbury, NY 11797
364-7504

Tognan, Denise (Audiologist)
Franklin Hospital
825-8800 Ext. 2103

Viglione, Cathy
280 Well Court
Seaford, NY
579-9045

Walsh, Kathleen PHN
NCHD Long Beach Home Care
431-3004

Wicks, Jane
SEPRTA

Williams, Zane
Town of Hemp. Day Care, Inc.
1260 Meadowbrook Road
Merick, NY 11566
623-1832

Windels, Amy
Little Village School
Bayberry Avenue
Garden City, NY 11530
746-5575

Wirenius, Karen
NCHD Ext. 3749

Worthy, Natalie
(Soc. Wk.) No. Shore
Univ. Hosp. @ Glen Cove
St. Andrews Lane
Glen Cove, NY 11542
674-7631

Yelen, Rosalie
NCHD Ext. 2502

Zimmerman, Kathleen
287 Balchen Street
Massapequa Park, NY 11762
759-1900

Budronis, Marianne
ALDS
2516 Martin Avenue

Keyes, Frances
NCHD
Long Beach
431-3004

Genlich, Barbara
Head Start
134 Jackson
Hempstead, NY
292-9710

Sumter, Wendy
Head Start
134 Jackson
Hemptead, NY

Gendry, Tommie
C.S.W. NC. D.O.H.
Community Health Center
Hempstead, NY
572-0535

Lewis, Myrna
Cold Spring Harbor
Cold Spring, NY
692-8030

Johnson, Euranie
Hempstead Health Center

Buttice, Linda
Nassau County Medical Center
542-2089

Weinberg, Audrey
Mill Neck School
Mill Neck, NY 117165

Leff, Susan
210 Atlantic Avenue
Lynbrook, NY 11563

McKay, Elaine
N.C. Dept. Social Services
Mineola, NY 571-562

Genovese, Linda, R.N.
Plainview Health Clinic
572-8550

Kremen, Barbara
Plainview Health Center

Zaken, Jane
Hofstra University
Office of Field Placement
243A Gallon W
Hempstead, NY 11550
463-5117

Swiston, Janice
N.C. Dept. of Health
240 Old Country Road
Mineola, NY

Rocha, Alma
Hofstra University
131 Hempstead
463-5663

Platkin, Susan (Parent)
25 Kimberly Drive
E. Npt.
266-1743

Leftenant, Cheryl
NYS DSS
175 Fulton Avenue
Hempstead
524-4982

Tabachnick, Roberta
UCP
380 Washington Avenue
Roosevelt
378-2008

Whittman, Zane
TOH Day Care
1260 Meadowbrook Road
Merrick
623-1832

Comm. Stuart
Community Mental Health

Dr. Ramford - Physician

Constant, Chris
Director of Early Intervention

Turansky, Mindy
LIAC
999 Herricks Road
NHP

Defilipo, Rosemary
Hofstra University
131 Hempstead
463-5663

Fiedler, Patricia
Winthrop CHHA
211 Station Road
747-7000

Hodges, James A.
Little Acorn Dacar
443 Bab. Tpke.

Ravenell, Evett
531 Nassau Road
Roosevelt
623-1832

Dr. Grunkey
Community Health Department

Tomazo, Ellen - Parent

Lasalle, Carol
Director of Public Health

Thomson, Jerry
NCHD

HEAD START RAPP CONFERENCE

THE UNIVERSITY OF CONNECTICUT
DIVISION OF CHILD AND FAMILY STUDIES
COMMUNITY INCLUSION PROJECT

HEADSTART RAP CONFERENCE

THE IEP: IT'S FUN, SIMPLE AND USEFUL
May 9, 1994

Presenter : Marie Brand

Purpose: To present guidelines for developing Individualized Educational Programs (IEP's) to support the inclusion of children with disabilities in community settings.

I. Introduction

II. Getting the IEP Started: Communication and Teamwork

III. Components of an IEP

IV. Writing Simple/Functional Behavioral Objectives

V. "Early Childhood Education AT ITS BEST!" (Video)

VI. Implementing the IEP in Your Classroom

VII. Summary/Questions

N.Y. STATE HEAD START ASSOCIATION

THE UNIVERSITY OF CONNECTICUT
DIVISION OF CHILD AND FAMILY STUDIES
COMMUNITY INCLUSION PROJECT

NYS HEADSTART ASSOCIATION MEETING

THE IEP: IT'S FUN, SIMPLE AND USEFUL

May 18, 1994

Presenters: Marie Brand & Barbara Sherry

Purpose: To present guidelines for developing Individualized Educational Programs (IEP's) to support the inclusion of children with disabilities in community settings.

I. Introduction

II. Getting the IEP Started: Communication and Teamwork

III. Components of an IEP

IV. Writing Simple/Functional Behavioral Objectives

V. "Early Childhood Education AT ITS BEST!" (Video)

VI. Implementing the IEP in Your Classroom

VII. Summary/Questions

List of Participants

Agency Name and Address: NY State Head Start Conference
Date of Training: 5/18/94
Training ID #: 12

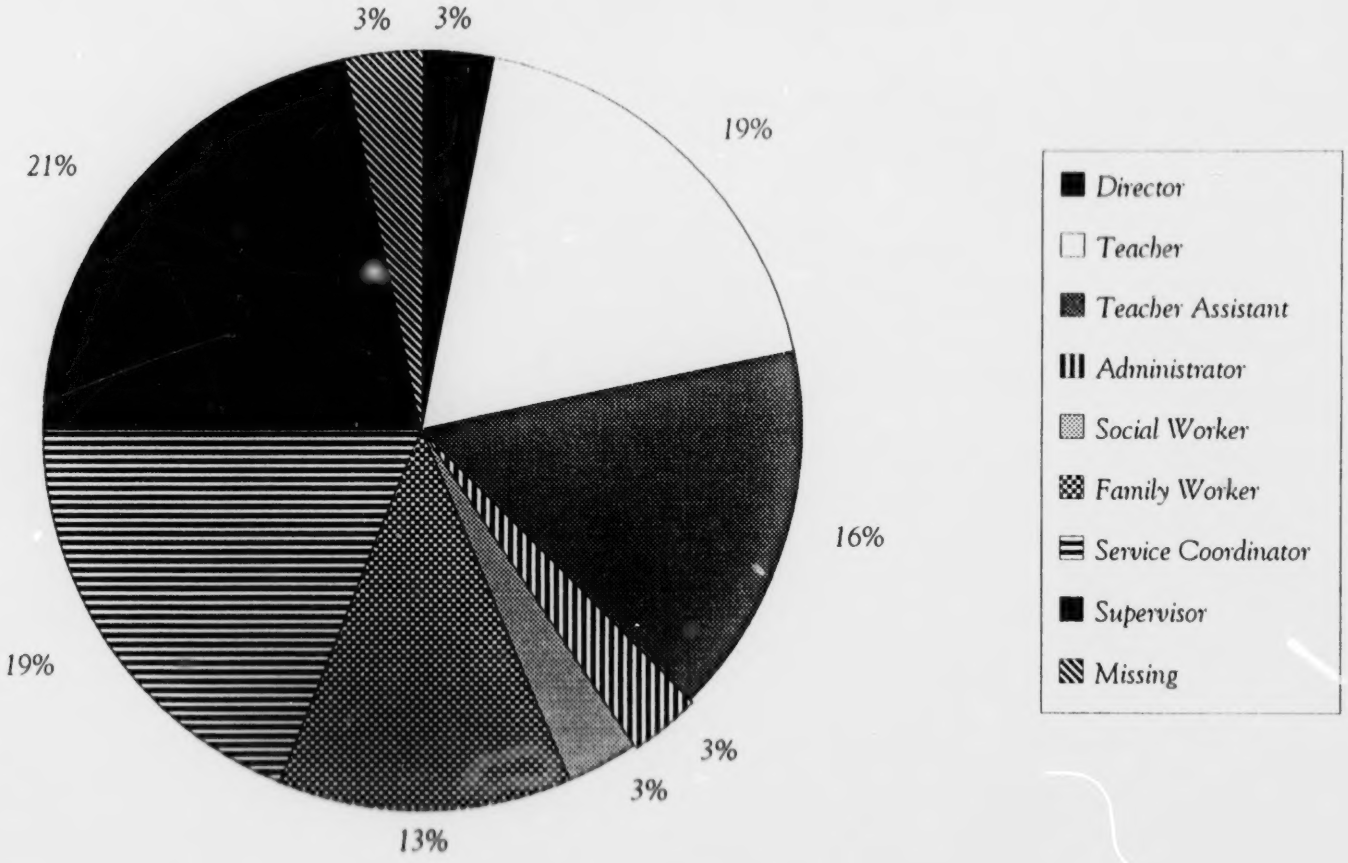
Name/Title/Agency	Address	Telephone
Sheila Fleming Disabilities Services Coordin. L.I. Head Start	98 Austin Street Patchogue, N.Y.	(516) 758-5200
Karen Quinones Disabilities Services Specialist L.I. Head Start	98 Austin Street Patchogue, N.Y. 11772	(516) 758-5200
Lynette McNeil Mental Health Coordinator L.I. Head Start	98 Austin Street Patchogue, N.Y. 11772	(516) 758-5200
Linda Morning Family Advocate L.I. Head Start	98 Austin Street Patchogue, N.Y. 11772	(516) 758-5200
Esther Baer Director Admin. L.I. Head Start	98 Austin Street Patchogue, N.Y. 11772	(516) 758-5200
Gail Germoge Famlily Advocate Huntington Head Start	145 Pidgeon Hill Road Huntington Station, N.Y. 11746	(516) 549-3578
Ana Carrion Program Manager Huntington Head Start	145 Pidgeon Hill Road Huntington, Station, N.Y. 11746	(516) 549-3578
Norma Rodes Assistant Teacher Baystar Headstart	1860 Union Boulevard Bayshore, NY	666-4985

Name/Title/Agency	Address	Telephone
Catherine Youngkin Bayshore Head Start	1860 Union Boulevard Bayshore, NY	(516) 666-4985
Maryanne Santoli Disabilities Coordinator	761 Middle Ctry. Road Selden, NY 11784	736-8585
Stacey Friends BFFY	3415 Neptune Avenue Brooklyn, NYK 11224	(718) 266-5987
Madeline Jones Head Start	3415 Neptune Avenue Brooklyn, NY 11224	(718) 266-5987
Maria Calderon Wyondanch Head Start	Long Avenue Wyondanch, NY	(516) 271-1638
Pauline Smith Riverside Head Start	271 Flanders Road Riverhad, NY 11901	(516) 369-7730
Evelyn Lahy Farmingdale Head Start	Woodward Parkway Farmingdale, NY 11735	249-7667
Laverne Foster Wyandanch Head Start	350 Long Island Avenue Wyandanch, NY	(516) 477-9490
Linda Gates North Fork Head Start	P.O. Box 64 Greenport, NY	(914) 477-9490
M. Maxine Jones Southampton Head Start	271 Flanders Road Riverhead, NY	(516) 369-7730
Evelyn Mingo	Hempstead Head Start	(516) 538-8292

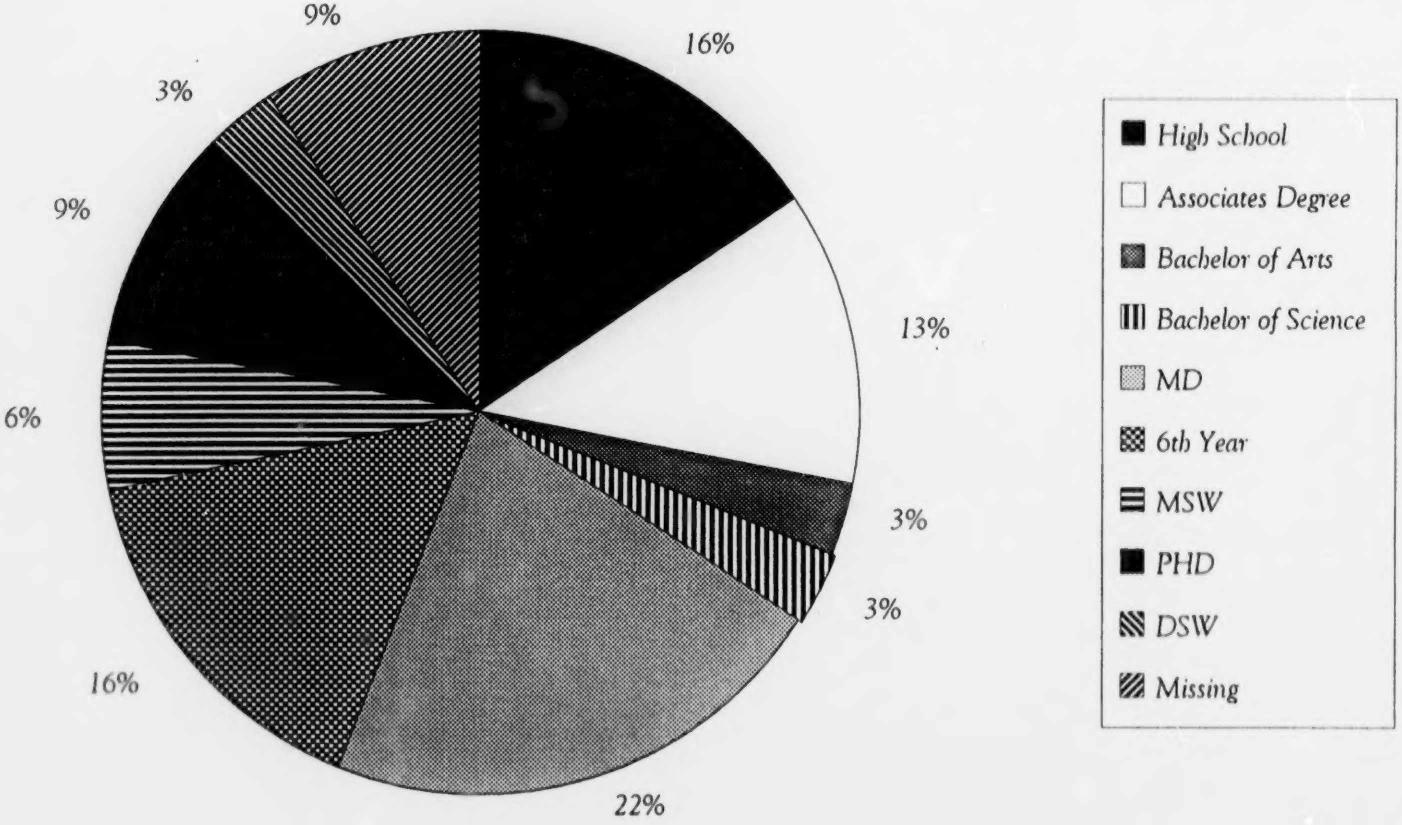
Name/Title/Agency	Address	Telephone
J.H. Zandi Coordinator Dinton County Head Start	54 Margaret Street Plattsburgh, NY 12901	(518) 561-6310
Ann Marie Nelson Hempstead Head Start		(516) 538-8290
Victoria Rodriguez Bay Shore Head Start	134 Garden City Street Bay Shore, NY 11706	(516) 582-9388
Caroline Champion		(516) 732-7100
Judy Daniel Program Manager	1860 Union Boulevard Bay Shore, NY 11706	(516) 666-4955
Florence Price Program Manager	P.O. Box 82 Coram, NY 11727	(516) 732-7100
Vanessa Miles	74 North Main Streeet	546-8251
Blanch Curtis	74 North Main Street	546-8251
Maureen P. Sullivan Dempkins Co. EOC Head Start	16 Carl's Way Ithaca, NY 14850	(607) 273-6373
Maria Angus-Stewart Assistant Teacher	4 Cumberbach Street Wyandanch, NY11798	(516) 643-5183
Emilio Pilar Fraund	307 W 13th Deer Park, NY 11729	(516) 254-3925

Name/Title/Agency	Address	Telephone
Annie Jackson Program Manager Southampson Head Start	271 Flanders Road Riverhead, NY 11901	(516) 369-7730
Michelle Criston Clinton Head Start	54 Margaret Street Plattsburgh, NY	(516) 369-7730

Discipline of Participants in Workshop 12



Level of Education of Participants in Workshop 12



Institute Job Descriptions

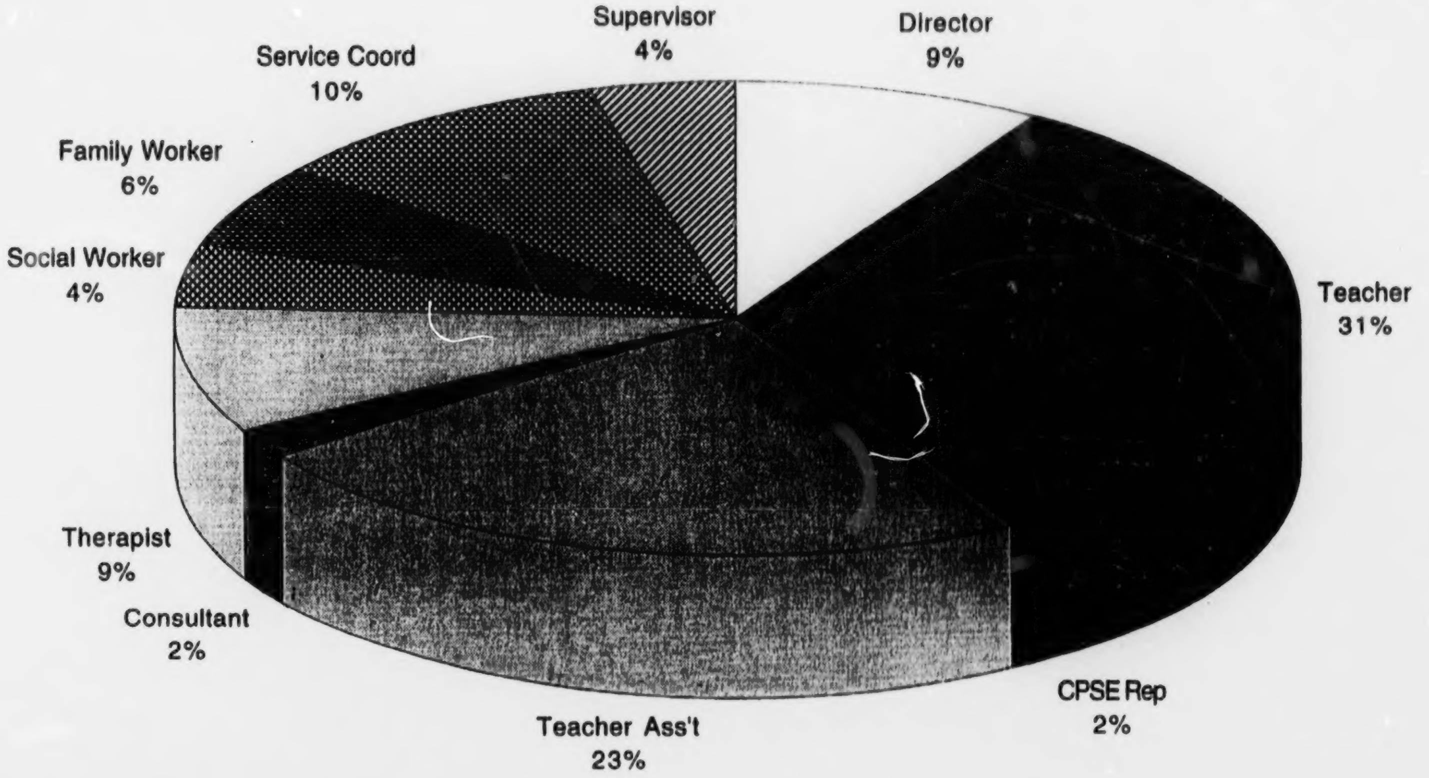


Figure 1.

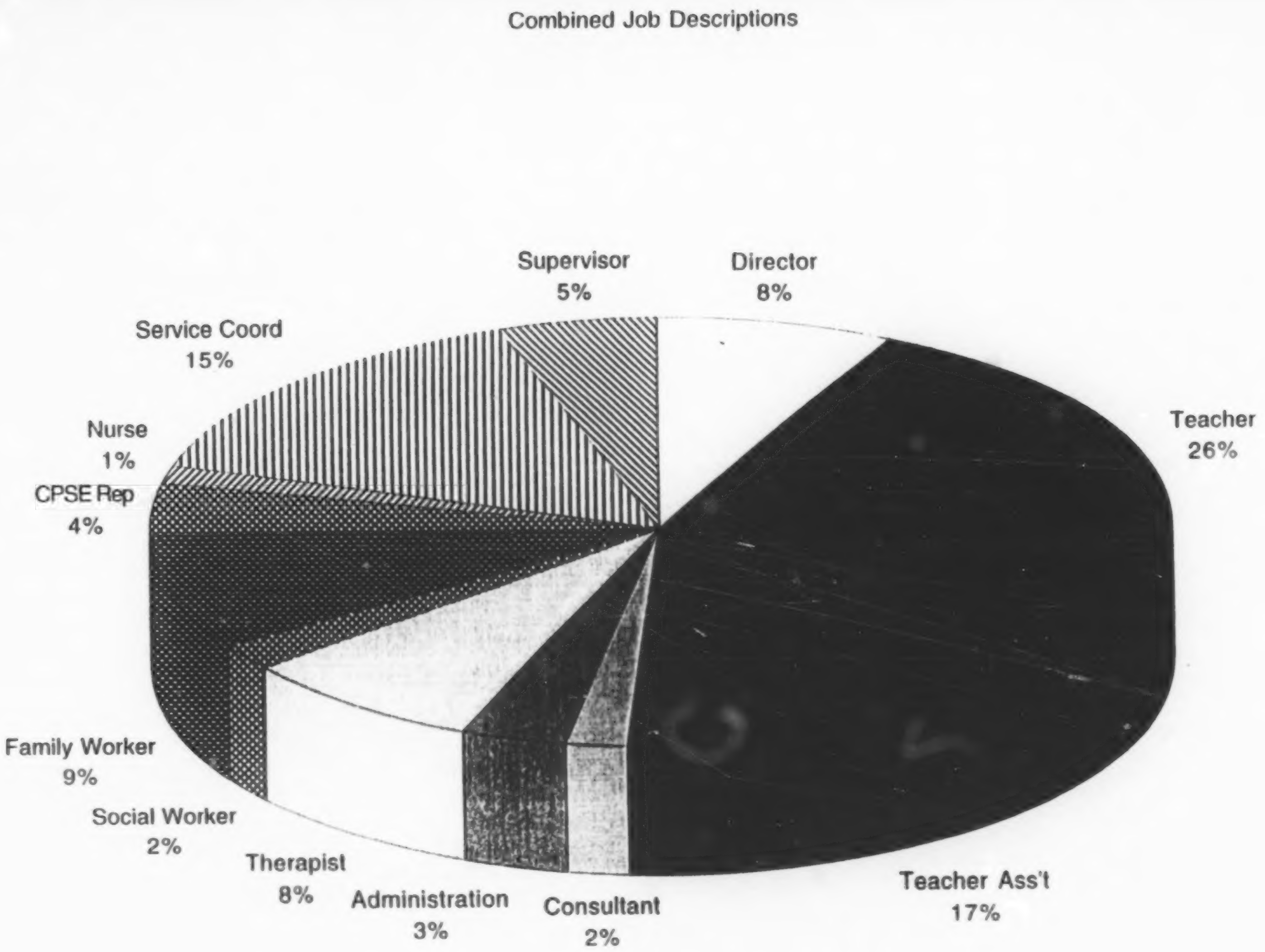

Combined Job Descriptions
Supervisor
5%
Director
8%
Service Coord
15%
Teacher
26%
Nurse
1%
CPSE Rep
4%
Family Worker
9%
Social Worker
2%
Therapist
8%
Administration
3%
Consultant
2%
Teacher Ass't
17%

Figure 3.

Institute Participants
Number of Years (mean) working with 0-3 and 3-5

Participant (ID#)	**Length work 0-3 (mean years)**	**Length work 3-5 (mean years)**
Westchester Co. D.O.H. (01)	6.5	8.0
Rochester Children's Nursery (RCN)	5.1	9.1
Rochester Public Schools		
Rochester Preschool Parent Prog. (.03)	11.7	13.8
Family Learning Center (.04)	4.0	7.0
Florence Brown (.05)	8.0	7.0
Montessori/#17 (.06)	9.3	13.0
WARC- Children's School for Early Development (.07)	6.5	7.2
Alcott School Professionals (.08)	5.4	9.7
Alcott School Paraprofessionals (.09)	1.4	4.8
ACLD-Kramer Learning Center	2.9	5.1
Mean	5.6	8.7

Overview of Institute Pre/Post Questionnaire

	(N =)	Mean	Standard Dev.
Pre Questionnaire	N = 67	32.57	10.18
Post Questionnaire	N= 67	88.71	14.29

Diff. Mean	Std. Dev.	T-Value	Probability
56.14	13.41	24.76	< .000

OVERVIEW OF INSTITUTES
CONSUMER SATISFACTION MEAN SCORE

ITEM	MEAN SCORE
Objectives Met	4.75
Topics Covered	4.90
Relevant Material	4.40
Adequate Material	4.26
Time Organized	4.90
Information Relevant to Work	4.40
Better Understanding of Subject	4.40
Presenter Prepared	4.57
Presenter Knowledgeable	4.60
Presenter Used Activities	4.31
Presenter Easy to Listen to	4.37
Presenter Valued Input	4.60
Environment Comfort	3.97
Adequate Breaks	4.00
Good Group Size	4.29
Good Location	4.43
Good Day and Time	4.14

NEW YORK STATE
HEAD START CONFERENCE

List of Participants

Agency Name and Address: NY State Head Start Conference
Date of Training: 5/18/94
Training ID #: 12

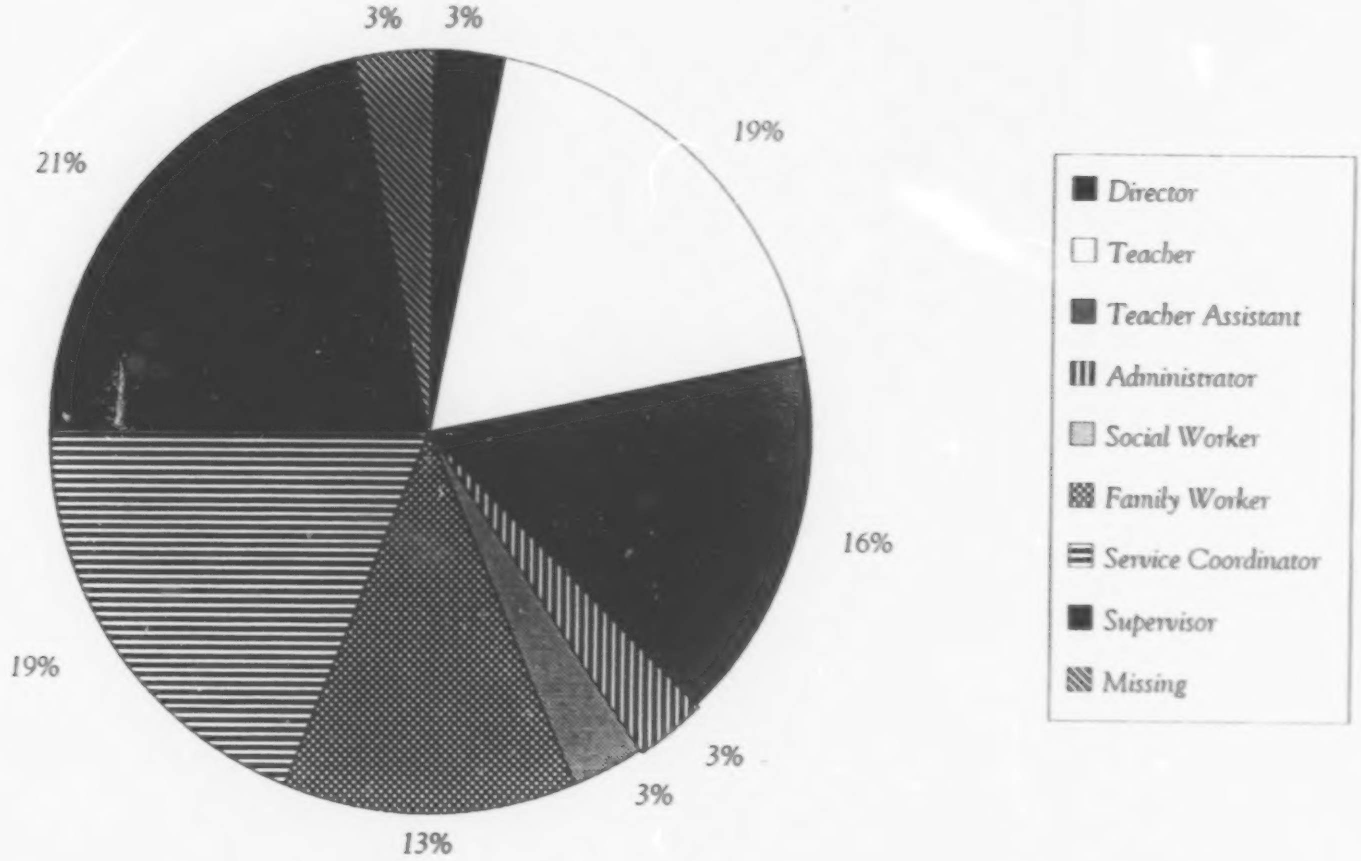
Name/Title/Agency	Address	Telephone
Sheila Fleming Disabilities Services Coordin. L.I. Head Start	98 Austin Street Patchogue, N.Y.	(516) 758-5200
Karen Quinones Disabilities Services Specialist L.I. Head Start	98 Austin Street Patchogue, N.Y. 11772	(516) 758-5200
Lynette McNeil Mental Health Coordinator L.I. Head Start	98 Austin Street Patchogue, N.Y. 11772	(516) 758-5200
Linda Morning Family Advocate L.I. Head Start	98 Austin Street Patchogue, N.Y. 11772	(516) 758-5200
Esther Baer Director Admin. L.I. Head Start	98 Austin Street Patchogue, N.Y. 11772	(516) 758-5200
Gail Germoge Familly Advocate Huntington Head Start	145 Pidgeon Hill Road Huntington Station, N.Y. 11746	(516) 549-3578
Ana Carrion Program Manager Huntington Head Start	145 Pidgeon Hill Road Huntington, Station, N.Y. 11746	(516) 549-3578
Norma Rodes Assistant Teacher Baystar Headstart	1860 Union Boulevard Bayshore, NY	666-4985

Name/Title/Agency	Address	Telephone
Catherine Youngkin Bayshore Head Start	1860 Union Boulevard Bayshore, NY	(516) 666-4985
Maryanne Santoli Disabilities Coordinator	761 Middle Ctry. Road Selden, NY 11784	736-8585
Stacey Friends BFFY	3415 Neptune Avenue Brooklyn, NYK 11224	(718) 266-5987
Madeline Jones Head Start	3415 Neptune Avenue Brooklyn, NY 11224	(718) 266-5987
Maria Calderon Wyondanch Head Start	Long Avenue Wyondanch, NY	(516) 271-1638
Pauline Smith Riverside Head Start	271 Flanders Road Riverhad, NY 11901	(516) 369-7730
Evelyn Lahy Farmingdale Head Start	Woodward Parkway Farmingdale, NY 11735	249-7667
Laverne Foster Wyandanch Head Start	350 Long Island Avenue Wyandanch, NY	(516) 477-9490
Linda Gates North Fork Head Start	P.O. Box 64 Greenport, NY	(914) 477-9490
M. Maxine Jones Southampton Head Start	271 Flanders Road Riverhead, NY	(516) 369-7730
Evelyn Mingo	Hempstead Head Start	(516) 538-8292

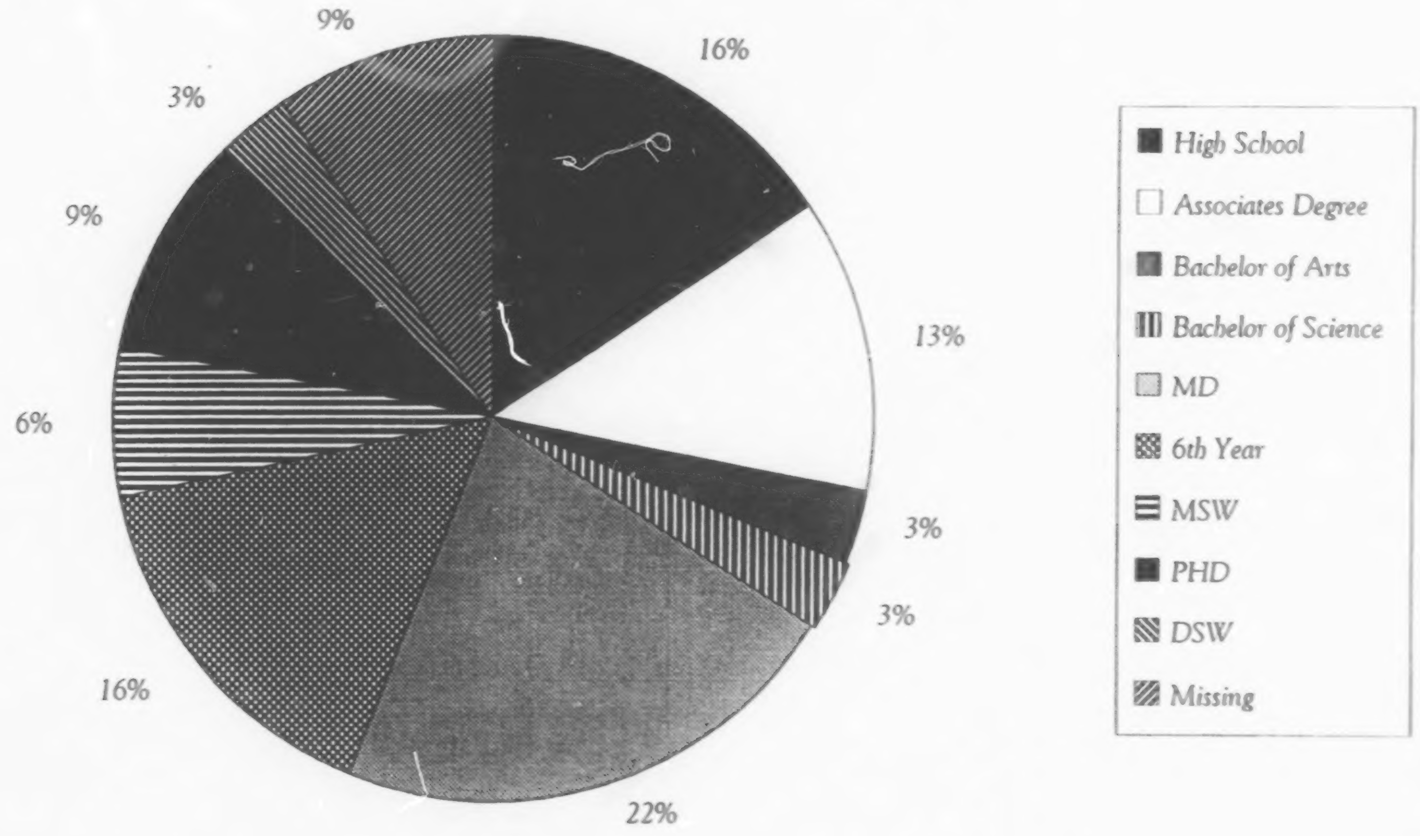
Name/Title/Agency	Address	Telephone
J.H. Zandi Coordinator Dinton County Head Start	54 Margaret Street Plattsburgh, NY 12901	(518) 561-6310
Ann Marie Nelson Hempstead Head Start		(516) 538-8290
Victoria Rodriguez Bay Shore Head Start	134 Garden City Street Bay Shore, NY 11706	(516) 582-9388
Caroline Champion		(516) 732-7100
Judy Daniel Program Manager	1860 Union Boulevard Bay Shore, NY 11706	(516) 666-4955
Florence Price Program Manager	P.O. Box 82 Coram, NY 11727	(516) 732-7100
Vanessa Miles	74 North Main Streeet	546-8251
Blanch Curtis	74 North Main Street	546-8251
Maureen P. Sullivan Dempkins Co. EOC Head Start	16 Carl's Way Ithaca, NY 14850	(607) 273-6373
Maria Angus-Stewart Assistant Teacher	4 Cumberbach Street Wyandanch, NY11798	(516) 643-5183
Emilio Pilar Fraund	307 W 13th Deer Park, NY 11729	(516) 254-3925

Name/Title/Agency	Address	Telephone
Annie Jackson Program Manager Southampson Head Start	271 Flanders Road Riverhead, NY 11901	(516) 369-7730
Michelle Criston Clinton Head Start	54 Margaret Street Plattsburgh, NY	(516) 369-7730

Discipline of Participants in Workshop 12



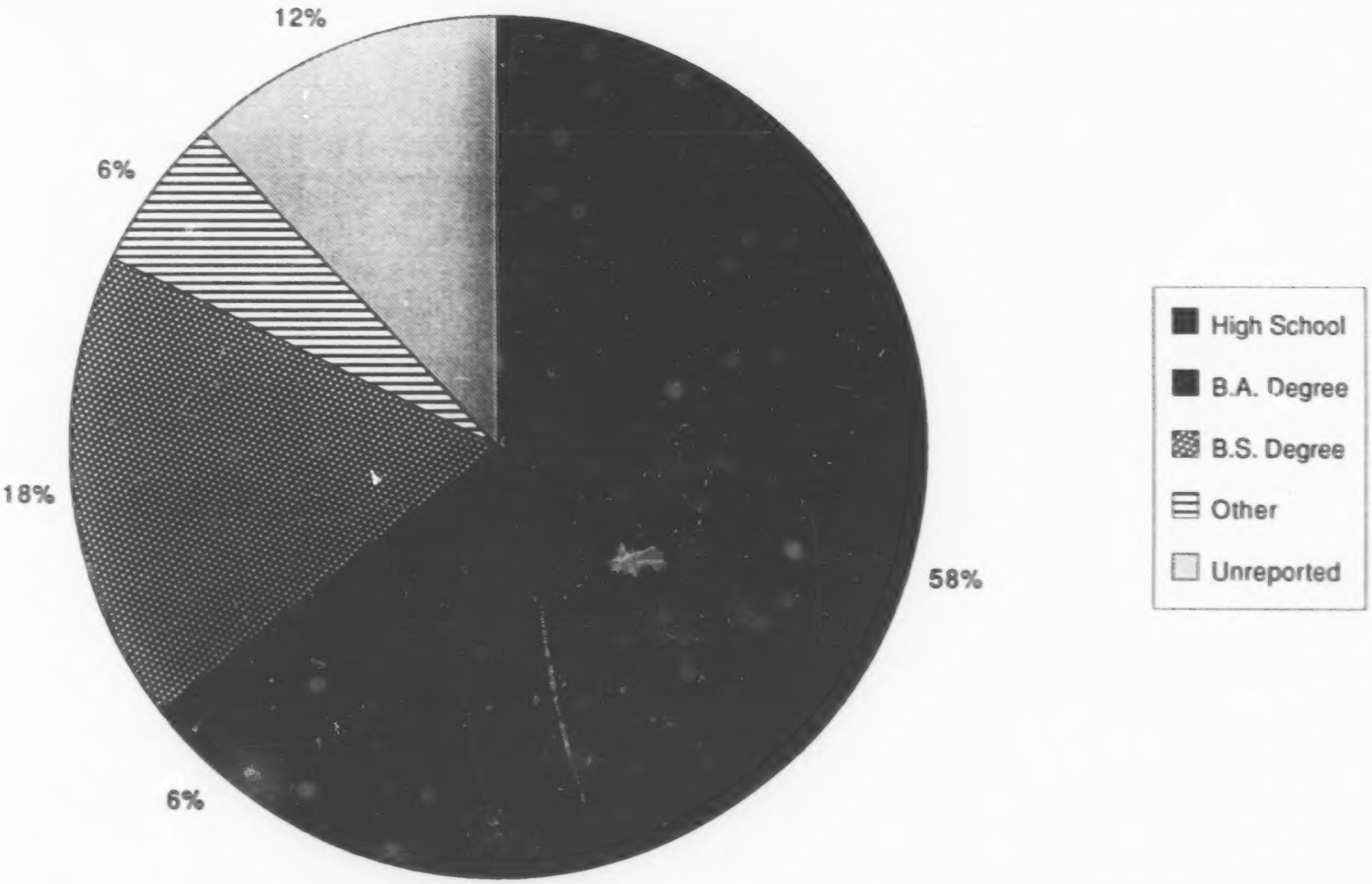
Level of Education of Participants in Workshop 12



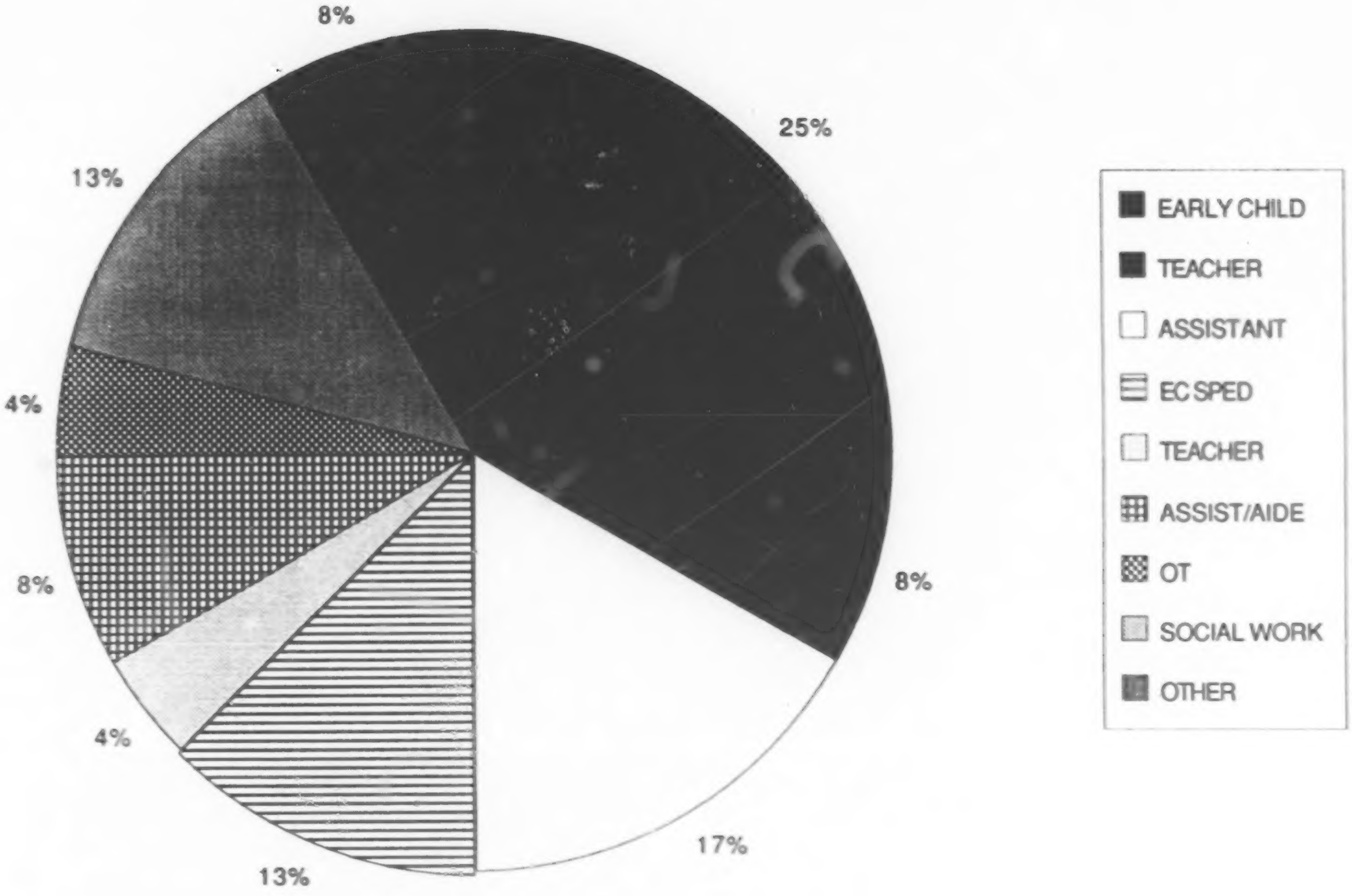
Rockland Council for Young Children

Workshop #22
Rockland Council for Young Children
Workshop 10/29/94

Name	Program Name & Address	Phone No.
William Lopez	Latch-Key West Haverstraw Elementary	429-7965
Karina Santos	Latch-Key West Haverstraw Elementary	429-0011
Lani Torres	RCC-RR4 319A Greenwood Lake, NY 10925	914-477-0324
Linda Strom	SACC Washington Ave, NY	914-357-4404
Madolyn Kaplan	SACC Washington Ave, NY	914-357-4404
Diana Roberts	Thiells Childs Care, NY	914-947-1000 X3900
Sandy Kulkarni	6 Maple Street Nyack, NY 10960	914-353-8665
Joanie Cichon	21 Decker Road Wallkill, NY 12589	914-566-1885
Ann L. Bunn	79 E. Dorsey Lane Poughkeepsie, NY 12601	914-478-0619
Dori Eber	A Brighter Star, Inc. 9 Park Ln, Nanuet,NY101954	914-624-4503
Joan Lediger	The Music Place, Inc. 24 Mountainview Ave. Orangeburg, NY 10962	914-359-1735
Bruce Payea	17 E. Palisades Ave Nanuet, NY 10954	914-624-0831
Jennifer Aponte	30 Crestwood Drive New City, NY 10956	201-634=5-4-
Vickie Caramagna	126 Gilbert Avenue Elmwood Park, NJ 07407	201-791-6897
Lisa Caramagna	Prime Time Pre-School Chestnut Ridge, NY	201-791-2765
Mary(Betty)Pellot	Thiells Child Center Letchworth, NY	947-1000 X3939
Micki Leader	PR SACC - 175 Rutgers Rd E Orangeburg, NY 10962	914-359-6090



Highest level of education for Workshop 22.



Areas of certification for Workshop 22.

Mean years by agency for Workshop 22.

Length of work with 0-3	**Length of work with 3-5**
8.62	8.67

Consumer Satisfaction across Workshop 22.

ITEM #	ITEM	MEAN SCORE
C1	OBJECTIVES MET	4.50
C2	TOPICS ADDRESSED	4.20
C3	MATERIALS RELEVANT	4.82
C4	ILLUSTRATIONS USED	4.64
C5	TIME WELL ORGANIZED	4.18
C6	INFO RELEVANT	4.64
C7	BETTER UNDERSTANDING	4.80
P1	PRESENTER WELL PREPARED	4.73
P2	PRESENTER KNOWLEDGABLE	4.82
P3	USED ACTIVITIES	4.55
P4	EASY TO LISTEN TO	4.73
P5	VALUED INPUT	4.82
L1	ENVIRONMENT COMFORTABLE	4.18
L2	GOOD BREAK TIME	3.56
L3	GOOD GROUP SIZE	4.55
L4	GOOD LOCATION	4.18

COMBINED WORKSHOP DATA - YEAR 1

Workshop Participants
Number of Years (mean) working with 0-3 and 3-5

Participant (ID#)	**Length work 0-3 (mean years)**	**Length work 3-5 (mean years)**
Suffolk Co. D.O.H. (1)	6.5	8.7
Westchester Co. D.O.H. (2) (2)	6.4	6.8
Head Start (A) (3)	8.4	9.0
Head Start (B) (4)	7.2	8.6
Rochester Children's Nursery (RCN) (5)	6.9	8.3
NY State Inclusion Conference (6)	5.9	8.0
Syracuse Head Start Training #(7)	3.4	6.7
Training #(8)	1.6	8.4
Training #(9)	3.4	5.3
RAPP-Meadowlands (11)	5.1	8.8
NY State Head Start (12)	3.8	8.4
Mean	5.0	7.8

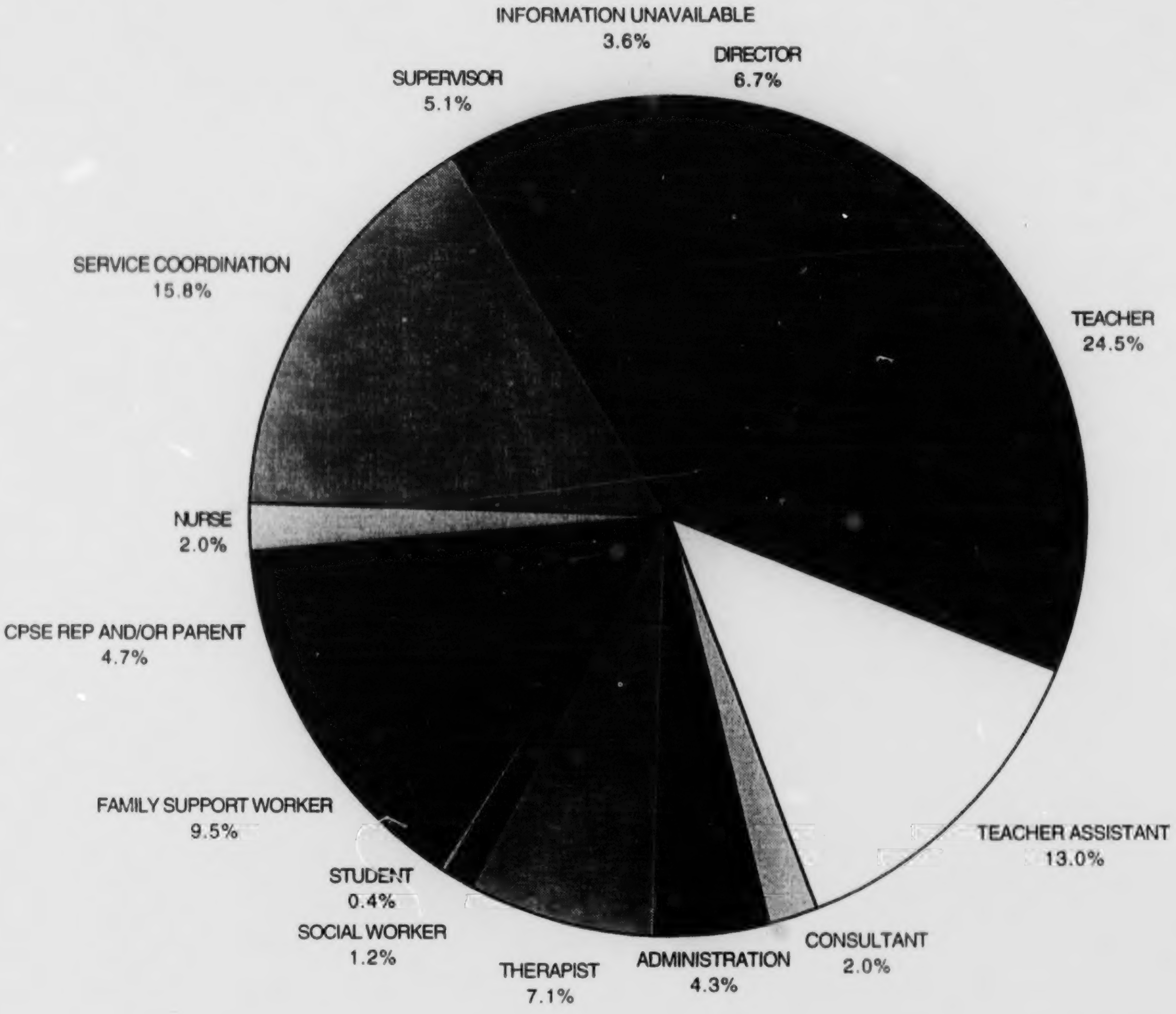


Figure 7: Discipline of Participants for First Year Workshops (N=253)

CONSUMER SATISFACTION SUMMARY
FIRST YEAR WORKSHOPS

Agreement with statement (1=strongly disagree; 3=normal; 5=strongly agree)

Statement	Mean	Standard Deviation	n
Objectives of the training were met.	4.47	.76	120
All topics on the agenda were addressed.	4.47	.70	117
The materials (e.g., readings, overheads) were relevant to the training content.	4.64	.73	120
Adequate illustrations and examples were used during presentations.	4.57	.72	120
Time was well organized	4.63	.59	119
The information is relevant and can be applied to my work situation.	4.47	.79	120
I feel I now have a better understanding of the subject presented.	4.48	.74	120
The presenters were well organized and prepared.	4.78	.54	120
The presenters were knowledgeable in the subject.	4.83	.49	120
The presenters used a variety of activities that correspond with the content.	4.66	.61	120
The presenters were easy to listen to.	4.82	.52	120
The presenters valued our input.	4.75	.65	120
I found the environment to be comfortable.	4.28	.92	118
There was adequate time for breaks during the training sessions.	3.95	1.21	104
The size of the group was appropriate for the sessions.	4.47	.71	120
The location of the training was convenient for me.	4.42	.78	120
The day and time of the training was convenient for me.	4.55	.69	119

CUMULATIVE WORKSHOP DATA
YEAR 1

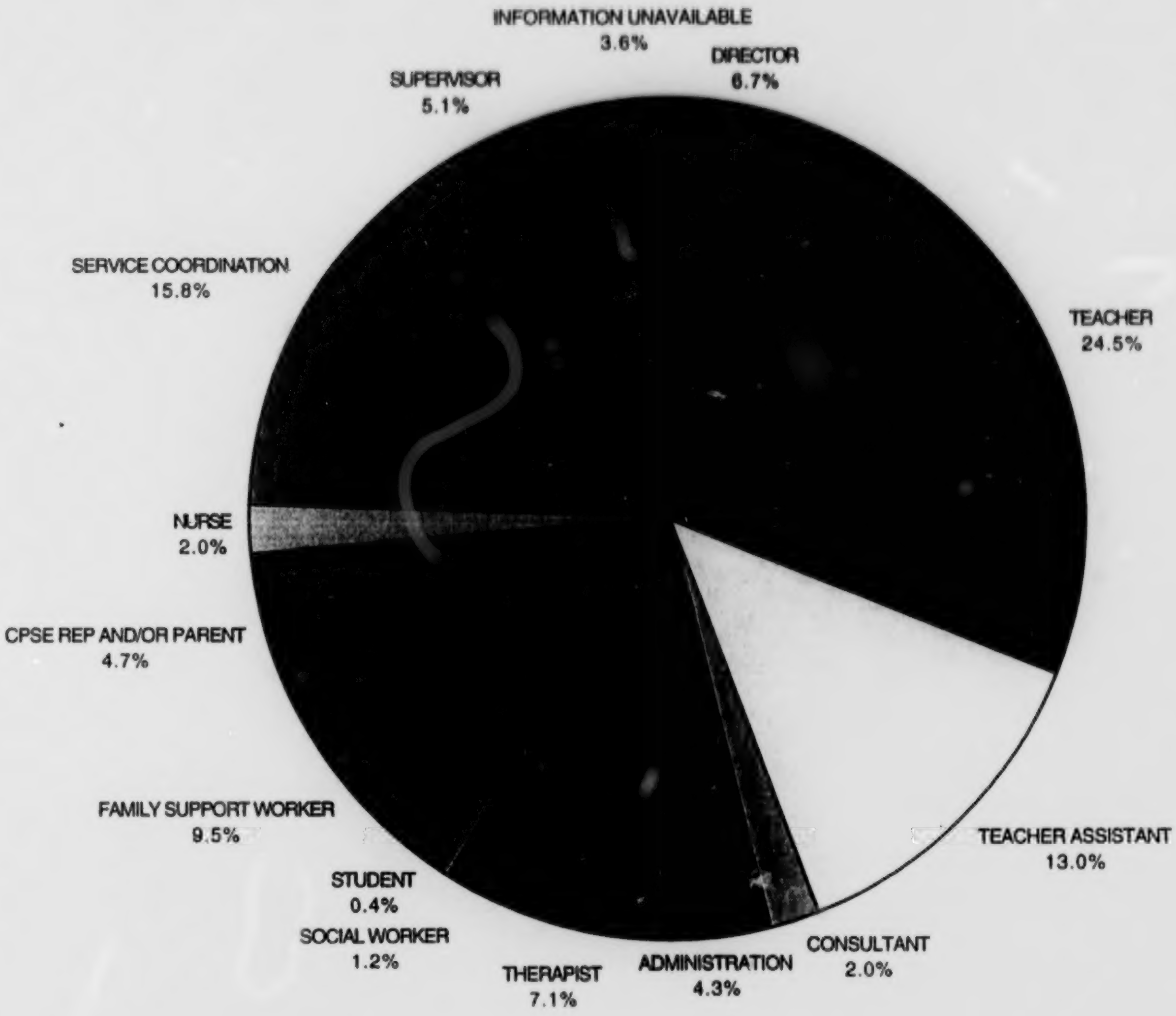


Figure 7: Discipline of Participants for First Year Workshops (N=253)

Workshop Participants
Number of Years (mean) working with 0-3 and 3-5

Participant (ID#)	Length work 0-3 (mean years)	Length work 3-5 (mean years)
Suffolk Co. D.O.H. (1)	6.5	8.7
Westchester Co. D.O.H. (2) (2)	6.4	6.8
Head Start (A) (3)	8.4	9.0
Head Start (B) (4)	7.2	8.6
Rochester Children's Nursery (RCN) (5)	6.9	8.3
NY State Inclusion Conference (6)	5.9	8.0
Syracuse Head Start Training #(7)	3.4	6.7
Training #(8)	1.6	8.4
Training #(9)	3.4	5.3
RAPP-Meadowlands (11)	5.1	8.8
NY State Head Start (12)	3.8	8.4
Mean	5.0	7.8

CONSUMER SATISFACTION SUMMARY
FIRST YEAR WORKSHOPS

Agreement with statement
(1=strongly disagree; 3=normal;
5=strongly agree)

Statement	Mean	Standard Deviation	n
Objectives of the training were met.	4.47	.76	120
All topics on the agenda were addressed.	4.47	.70	117
The materials (e.g., readings, overheads) were relevant to the training content.	4.64	.73	120
Adequate illustrations and examples were used during presentations.	4.57	.72	120
Time was well organized	4.63	.59	119
The information is relevant and can be applied to my work situation.	4.47	.79	120
I feel I now have a better understanding of the subject presented.	4.48	.74	120
The presenters were well organized and prepared.	4.78	.54	120
The presenters were knowledgeable in the subject.	4.83	.49	120
The presenters used a variety of activities that correspond with the content.	4.66	.61	120
The presenters were easy to listen to.	4.82	.52	120
The presenters valued our input.	4.75	.65	120
I found the environment to be comfortable.	4.28	.92	118
There was adequate time for breaks during the training sessions.	3.95	1.21	104
The size of the group was appropriate for the sessions.	4.47	.71	120
The location of the training was convenient for me.	4.42	.78	120
The day and time of the training was convenient for me.	4.55	.69	119

YEAR 2
WORKSHOPS

Table 1. (continued) Programs receiving Workshop training with the Community Inclusion Project during the 1994-1995 year (year 2)

PROGRAM (CONTACT PERSON)	TYPE OF TRAINING	TRAINING DATE
Center for Adolescent Services Betty Gifford	Workshop	10/21/94
Rockland Council for Young Children Irene Young	Workshop	10/29/94
Center for Adolescent Services Betty Gifford	Workshop	12/9/94
Sullivan County Community College Mary Ann Wilson	Workshop	1/12/95
Interdisciplinary Center for Child Development Joyce Glassman	Workshop	1/18/95
Children's Library Association of Suffolk County Barbara Jordan	Workshop	1/24/95
Center for Adolescent Services Betty Gifford	Workshop	12/9/94 and 1/13/95
Preschool Advisory Committee Latham, NY	Workshop	1/18/95
Orange County Community College Mary Ann Wilson	Workshop	2/16/95
Preschool Grant Projects Pat Geary	Workshop	3/30/95
Albany County Head Start Sue Haines	Workshop	3/31/95
Early Childhood Direction Center Rosa Garcia	Workshop	4/11/95
New York State Inclusion Conference Albany, NY	Workshop	5/23/95
The Opportunity Preschool Linda Fischer	Workshop	6/12/95
The Opportunity Preschool Linda Fischer	Workshop	6/13/95

Interdisciplinary Center for Child Development

INTERDISCIPLINARY CENTER FOR CHILD DEVELOPMENT
98-02 62nd Drive, Rego Park, NY 11374
35-55 22rd Street, Bayside, NY 11360

PROGRAM OVERVIEW

The Interdisciplinary Center for Child Development (ICCD) was founded in 1985 and is dedicated to providing a full range of service options for young children, especially those with special needs, and their families. ICCD is committed to the ideal of caring and professional service provision for children and families with the awareness that parents and caregivers are the prime activists in the growth and development of young children.

Service Locations:

Interdisciplinary Center for Child Development
Rego Park Unit
98-02 62nd Drive, Rego Park, NY 11374
Phone: (Voice/TTY): (718) 263-1587
Fax: (718) 275-9753

Interdisciplinary Center for Child Development
Bayside Unit
35-55 223rd Street, Bayside, NY 11360
Phone: (Voice/TTY): (718) 428-5370
Fax: (718) 428-5462

Service Area:

Rego Park Unit:
All of Queens, the Bronx and Eastern Brooklyn

Bayside Unit:
All of Queens and the Bronx

Population Served:

Both units service children who have special needs and are classified as either infants/toddlers with developmental delay or preschool students with disabilities. Our newly created inclusionary preschool classes will also serve typically developing three and four year old children.

Service Formats:

Birth - 2.9 Year Olds:

a) Homebased Program - A special education teacher works with the child and caregiver in the child's home. Related services, including: speech; physical; occupational therapies; counselling are also provided, in the home, as recommended on each child's IFSP - Individualized Family Service Plan.

2.6 - 5.9 Year Olds:

a) Self-Contained Centerbased Programs - These children are eligible to participate in either our full-day or half day programs. Full day session hours are from 8:45am - 2:15pm daily while half day students receive two and one half (2.5) hours of instruction and therapy daily in either a morning or afternoon session. Children are placed in classes with children who have similar functional, instructional and management needs in group sizes tailored to enhance individualization. Classroom ratios of children to teachers and teacher assistants include: 6:1:2; 7:1:2; 8:1:2; 8:1:3; 9:1:2; 10:1:2; 12:1:2. Children receive clinical services as are appropriate to their needs in either individual or small group sessions.

b) Special Education Itinerant Services (SEIT) - Identified pre-school students with disabilities can also be enrolled in The Interdisciplinary Center for Child Development and be involved in our "SEIT" component. This program allows children with special needs to receive the services of a special education teacher at their community-based typical care site, home or other setting authorized by the NYC Public Schools. The "SEIT" teacher can work directly with the student toward goal mastery and/or can work indirectly on the student's behalf by consulting with the child's regular nursery school teacher to help make the child preschool experience successful. As recommended by a child's IEP (Individualized Education Program), related services are also incorporated in the model. "SEIT" is one of the "less restrictive" options for preschool students with disabilities. "SEIT" services are provided for a minimum of two hours per week.

c) Special Class in an Integrated Setting - Another placement option offered by ICCD for young students is a pre-school classroom which is "integrated" by enrolling both students with disabilities and their typically-developing age peers. ICCD has been awarded a special grant to implement integrated classes at both our Rego Park and Bayside sites which will group six preschoolers with disabilities with six typical children. The classes will be staffed by teachers dually-certified by New York State in Special Education and Early Childhood (N-6) and two assistant teachers to maintain a 12:1:2

staffing ratio considered essential to helping all children learn. Related clinical services are to be provided, as mandated, for individual children. Clinicians will be full members of the classroom team, thereby "integrating" educational and therapeutic interventions.

Therapy Services: Children receive speech therapy, physical therapy, occupational therapy, counselling and or nursing services, as dictated by their individual needs. Bilingual Spanish/English therapy services are available at both sites.

Family Services: Parents/caregivers/foster parents of children enrolled in any of the service programs can avail themselves of counselling and support services to deal with the demands of their special needs children. Parent support and counselling are available in both individual and group formats. Parent training is integral to the program not only to enhance carry over to the home environment, but also to increase each family's knowledge and understanding of child development, disabilities and advocacy. The program is totally open to families who are strongly encouraged to observe and involve themselves in their child's programming. Our multilingual social work staff also provides a variety of concrete services and referrals for families who require services from outside agencies and providers.

Special Services: The Interdisciplinary Center for Child Development also conducts on-site adaptive equipment, orthotics and physiatry clinics for children involved in our programs.

Evaluation Services: Multi-disciplinary evaluations are conducted on each site for all children birth - 5.9 years suspected of having a disability. There is no charge to families for evaluation services which are comprised of diverse assessments including, but not limited to: social histories; psychological evaluations; educational evaluations/observations; speech/language evaluations; physical therapy evaluations; occupational therapy evaluations; audiologicals. All testing is conducted in the child's home language(s) and all tests are normed, standardized and validated for the population. Complete testing results are always shared with the families.

Program Monitoring: The Interdisciplinary Center for Child Development's sites are regulated and monitored by the New York State Education Department, The New York City Board of Education, The New York City Department of Health/Division of Day Care and The New York City Early Intervention Program.

Service Costs: All of the programs and services offered by The Interdisciplinary Center for Child Development - evaluation, education, therapy services, transportation - are free to children with special needs and their families, regardless of family income or ability to pay. Costs are paid by the government through Section 4410 of The New York State Education Law or the New York State Early Intervention Program.

Typically developing preschoolers, who attend our inclusionary/integrated classes, have their tuition paid by their families.

Service Period: All programs are in operation year-round.

TO REFER A CHILD OR TO ARRANGE FOR A PROGRAM VISIT, WRITE OR CALL EITHER OF OUR CENTERS:

Interdisciplinary Center for Child Development
Rego Park Unit
98-02 62nd Drive, Rego Park, NY 11374
Phone: (Voice/TTY): (718)263-1587
Fax: (718)275-9753

Interdisciplinary Center for Child Development
Bayside Unit
35-55 223rd Street, Bayside, NY 11360
Phone: (Voice/TTY): (718)428-5370
Fax: (718)428-5462

PARTICIPANT LIST

Agency Name and Address: Interdisciplinary Center for Child Development
Date of Training: 1/18/95
Training ID #: W-23

Name/Title/Agency	Address	Telephone
Micoela M. Hererera, CSW ICCD	98-02 62 Dr., Rego Park, NY 11354	718-263-1587
Jenny Rojas, CSW ICCD	98-02 62 Dr., Rego Park, NY 11354	718-263-1587
Cindy Samide ICCD	98-02 62 Dr., Rego Park, NY 11354	718-263-1587
Jennifer Trested ICCD	98-02 62 Dr., Rego Park, NY 11354	718-263-1587
Caridad Cabon	98-02 62 Dr., Rego Park, NY 11354	718-263-1587
Terry Golici	98-02 62 Dr., Rego Park, NY 11354	718-263-1587
Mary Sullivan		
Lisa Gross		
Kevin Loughlin		
Loretta Palumbo	138-25 62nd Ave, Flushing, NY 11367	
Janet Mcaughlin	138-25 62nd Ave, Flushing, NY 11367	
Dahlia Nichols	98-02 62nd Dr, Rego Park, NY 11374	718-263-1587
Christine Momich, OTR ICCD	98-02 62nd Dr, Rego Park, NY 11374	718-263-1587

PARTICIPANT LIST

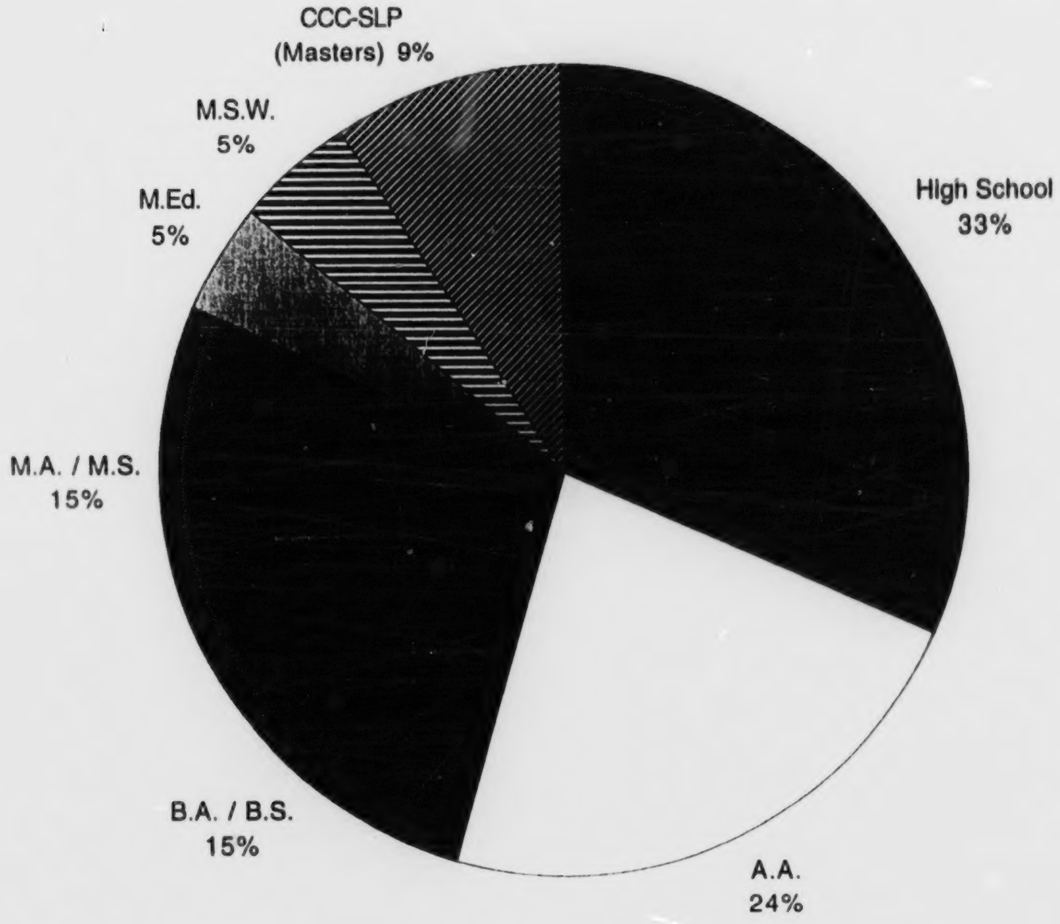
Agency Name and Address: ICCD Continued
Date of Training: 1/18/95
Training ID#: W-23

Name/Title/Agency	Address	Telephone
Josie Healy - TA - ICCD	64-80 82 Pl Mid. Vil, NY 11379	894-3584
Lorraine Connor TA ICCD	59-29 Queen Blvd, Woodside, NY	779-7920
Rani Kutwal, TA ICCD	110-25 62nd Dr., Forest Hills, NY	997-7354
Iris Rodriquez	30 Shepherd Ave, Brooklyn, NY	277-7207
Marta Placeres, TA	90-12 218th Pl, Queens Vilg, NY	776-9560
Christine Pugh ICCD	103-25 68th Ave, Forest Hills, NY	896-9432
Melissa Marchese ICCD	3140 Ave W, Brooklyn, NY	718-648-1023
Hilda Potach	98-02 62nd, Rego Park, NY	263-1587
Lopez Rosa ICCD	97-47 62nd Dr., Rego Park, NY	459-2133
Yolanda Nelson ICCD	104-16171 St., Queens, NY	718-262-8393
Luz Evelyn Rivera ICCD	342 McGuinness Blvd, Brklyn, NY	263-1587
Patrice Hamilton ICCD	864 Putnam Ave, Brklyn, NY	443-3288
Maria Kober SLP ICCD	157-12 12th Ave, Beechurst, NY	746-1496
Carol Wise ICCD	23 Sycamore St., Melville, NY	263-1587

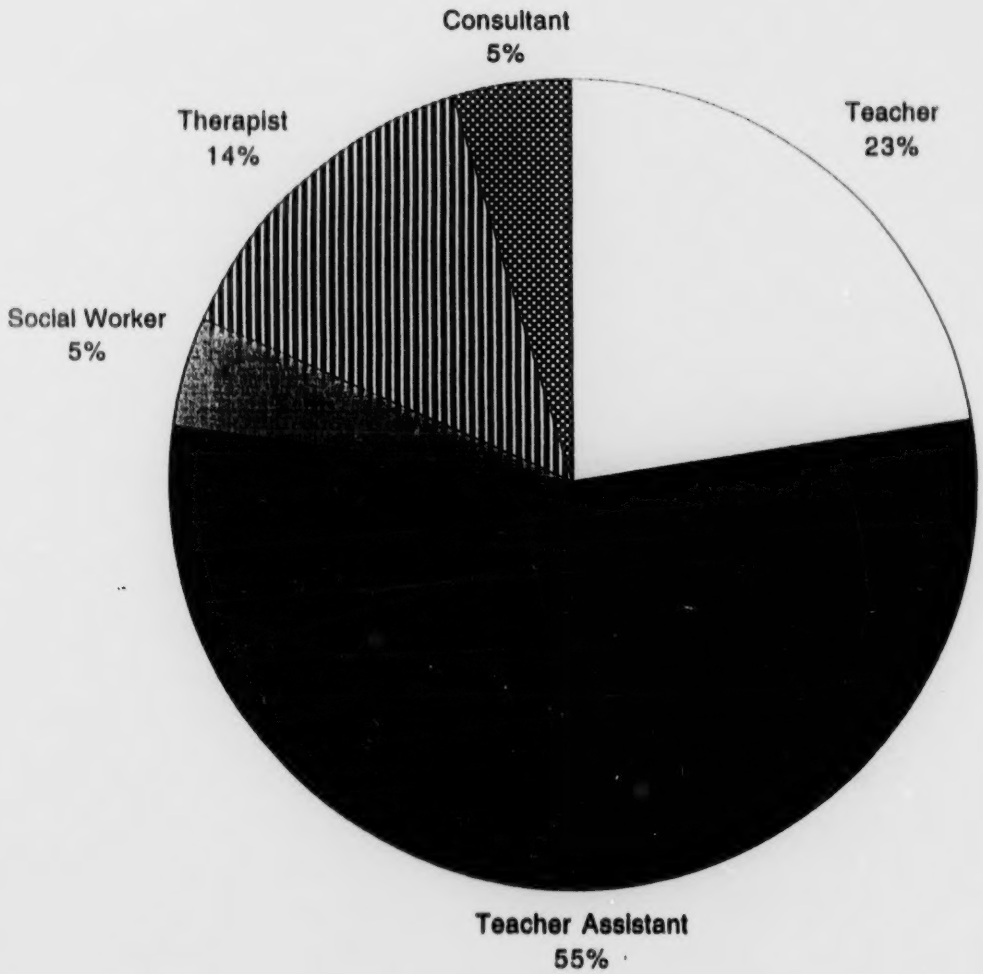
PARTICIPANT LIST

Agency Name and Address: ICCD Continued
Date of Training:
Training ID#:

Name/Title/Agency	Address	Telephone
Eileen Talty	80-28 259th St, Floral Park, NY	343-4243
Gladys Victoria	141-60 84th Rd, Briarwood, NY	441-31932
Carmela Schutta	159-63 78 St., Howard Beach NY	738-6101
Barbara Bodriguez	104-67 43rd Ave, Corona, NY	458-5598
Vicky Kundarnal	97-40 62 Dr, Rego Park, NY	896-7673
Eileen Chu	221-63 H. Harding, Bayside, NY	225-3565
Dina Feldman	209-07 42nd Ave, Bayside, NY	428-5753



Level of Education for Workshop 23 Presented at ICCD (N=22)



Discipline of Participants for Workshop 23 Presented at ICCD (N=22)

Children's Library Association

of

Suffolk County

MIDDLE COUNTRY PUBLIC LIBRARY
101 Eastwood Boulevard, Centereach, New York 11720-2745
(516) 585-9393 • Telefax (516) 585-6541

February 14, 1995

Marie Brand
Project Coordinator
Community Inclusion Project for Young
Children With Disabilities
139 Beacon Street
Middletown, New York 10940

Dear Marie:

On behalf of the Suffolk Family Education Clearinghouse and the Children's Librarian's Association of Suffolk County I would like to thank you for the program you presented on *Inclusive Libraries* on January 24. The feedback on the workshop has been excellent and I think it will serve as the spark to get many librarians thinking about this topic and finding ways to be more responsive within their individual libraries.

Thank you again for your time and expertise!

Sincerely,

Barbara Jordan

Barbara Jordan
Coordinator
Suffolk Family Education
Clearinghouse

PARTICIPANT LIST

Agency Name and Address: Children's Library Assoc. of Suffolk County
Date of Training: 1/24/95
Training ID#: W-24

Name/Title/Agency	Address	Telephone
Rochelle Linkind, Asst. Dir.	101 Eastwood Blvd, Centereach	585-9393
Jodi Dolman	71 Morell Ave, Islip, NY	581-5933
Ruth Kaplan	381 East Main St., E. Islip, NY	581-9200
Margie Graser	2nd Ave, 4th St, Brentwood,NY	273-7883
Stephanie Jager	31 Broadway, Greenlawn, NY	757-4200
Janice Yaklin	1701 University Ave, Bronx, NY	731-2074
Carolyn Liljequist	101 Eastwood Blvd, Centereach	585-9393 x 367
Doris A. Hatem	800 Mid. Co. Rd, Mid. Island,NY	265-2072
Elinor Wiskoff	1 B, Country Rd, Smithtown, NY	265-2072
Ellen Friedman	MCPL	
Doreen Holmes	MCPL	
Karen Loverro	800 Mid Co. Rd, Mid. Island,NY	924-6400
Eileen Curtin	Wm Floyd Pkwy, Shirley, NY	399-1511 x260
Rachel Catan	425 Wm Floyd Pkwy, Shirley,NY	399-1511 x260

PARTICIPANT LIST

Agency Name and Address: Children's Library Assoc. of Suffolk County Cont'd
Date of Training:
Training ID#:

Name/Title/Agency	Address	Telephone
Don's Gebel/Children's Lib.	1 N. Country Rd, Smithtown, NY	265-2072
Linda Clark	1 S. Country Rd, BrightwatersNY	665-4350
Grace Kiernan	24 South Carll Ave,Babylon NY	516-669-1624
Charlene Muhr	55 Vanderbilt Pkwy,Dix Hills NY	421-4530
Lisa Smith	1 Lee Ave, Lindenhurst, NY	957-7755
Mary Schmidt	211 Rt. 109, W. Babylon, NY	669-5445
Doris Gebel	1 N. Country Rd, Smithtown, NY	265-2072
Linda Clark	1 S. Country Rd, BrightwatersNY	665-4350
Grace Kiernan	25 S. Carll Ave, Babylon, NY	669-1624
Charlene Muhr	55 Vanderbilt Pkwy, Dix Hills NY	421-4530
Lisa Smith	1 Lee Ave, Lindenhurst, NY	957-7755
Mary Schmidt	211 Route 109	669-5445
Pat Adamko	170 Terryville Rd, Port Jefferson Station, NY	928-1212

PARTICIPANT LIST

Agency Name and Address: Children's Library Assoc. of Suffok County Cont'd
Date of Training:
Training ID#:

Name/Title/Agency	Address	Telephone
Lois Eannel	101 Eastwood Blvd,Centereach	585-9393
Helene Armet	101 Eastwood Blvd,Centereach	585-9393
Terry Zappelloni	Oak & John Sts, Amityville, NY	264-0571
Kathi Paigebreer	116 Merritts Rd, Farmingdale NY	249-9090
Carol Martin	50 Deauville Blvd,Copiague, NY	691-1111
Fran O'Hehir	815 Deer Pk Ave, N. Babylon, NY	669-4020
Rosemarie Marty	150 Holbrook Rd, Holbrook, NY	588-5024
Brenda Carter	235 Main St, CenterMoriches NY	878-0940

Jointly sponsored by
Suffolk Family Education Clearinghouse
and
Children's Librarians Association of Suffolk County, Inc.

INCLUSIVE LIBRARIES:
Creating Places That Welcome Young Children With Disabilities and Their Families

A workshop for children's librarians

Tuesday, January 24, 1995
10:00 AM - 1:00 PM
Middle Country Public Library
101 Eastwood Blvd.
Centereach, New York
585-9393

Marie Brand, Project Coordinator of the Community Inclusion Project for Young Children with Disabilities at the University of Connecticut, will discuss with participants ways in which the library environment, its programs and routines can be adapted and modified to be more inclusive and inviting for young children with disabilities and their families. This workshop, designed specifically for children's librarians, will combine lecture and participatory activities, defining what we mean by inclusion and its related benefits and concerns.

.3 CEU'S Offered

AGENDA

WHAT IS INCLUSION? (Overview)

BENEFITS AND CONCERNS OF INCLUSION

ESTABLISHING A PHILOSOPHY TOWARD INCLUSION

ADAPTING ACTIVITIES FOR CHILDREN WITH DISABILITIES

CREATING AN APPROPRIATE ENVIRONMENT

WHERE DO WE GO FROM HERE?

VIDEO: "Hello, My Friends"

RECOMMENDED READING

Foos, Donald D. and Park, Nancy C. **How Libraries Must Comply With the Americans with Disabilities Act (ADA).** Phoenix, AZ: Oryx Press, 1992.

Programming for Serving Children With Special Needs. Chicago: American Library Association, 1994.

Velleman, Ruth A. **Meeting the Needs of People With Disabilities: A Guide for Librarians, Educators, and Other Service Professionals.** Phoenix, AZ: Oryx Press, 1990.

Walling, Linda L. and Karrenbrock, Marilyn H. **Disabilities, Children, and Libraries: Mainstreaming Services in Public Libraries & School Media Centers.** Englewood, CO: Libraries Unlimited, 1993.

Wright, Keith C. and Davis, Judith F. **Serving the Disabled: A How-To-Do-It Manual for Librarians.** NY: Neal-Schuman Publishers, 1991.

VIDEOCASSETTES

They Just Want Into Whatever's Going On.

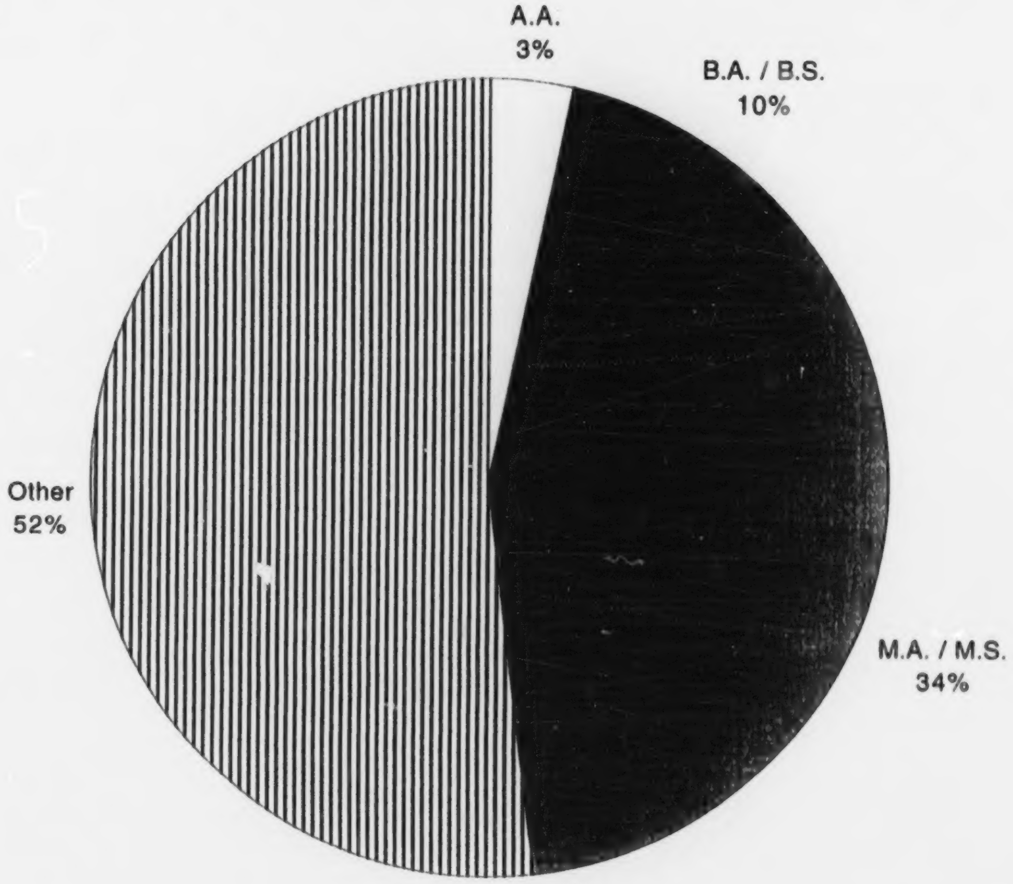
Explores the needs of youth with disabilities in public and school libraries. ($35 + 15% S&H)

It's Very Much Worth It.

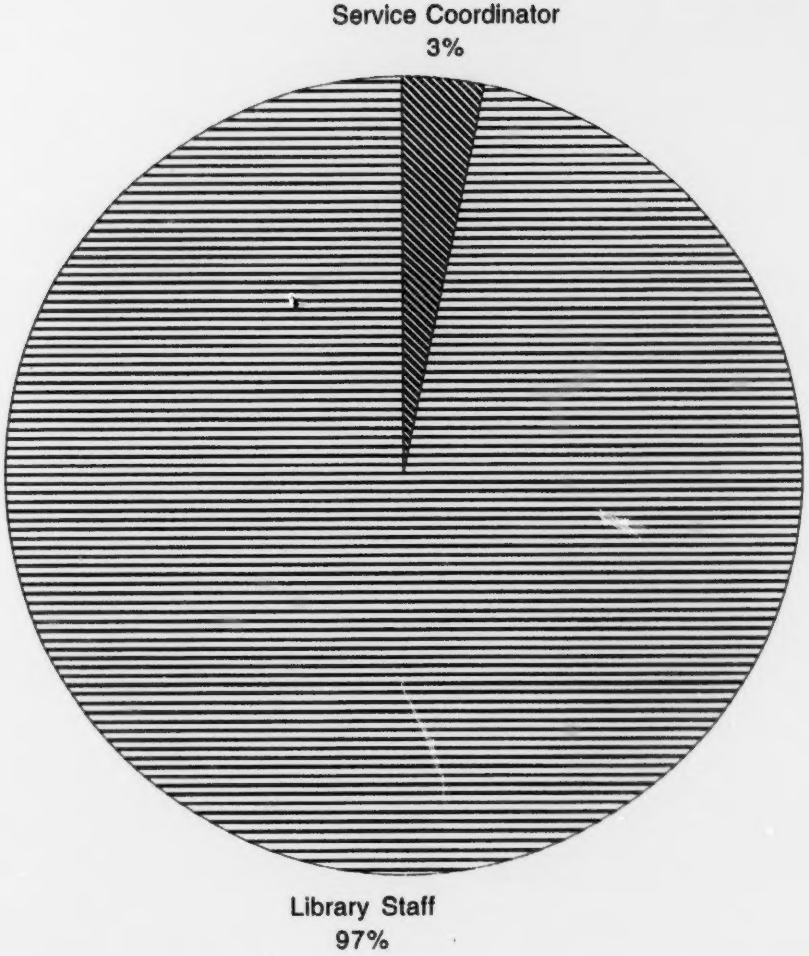
Focuses on the implementation of library services and programs for youth with disabilities. ($35 + 15% S&H)

Available from:

Institute for the Study of Handling Developmental Disabilities
Indiana University
2853 East 10th St.
Bloomington, IN 47405
(812) 855-6508



Education Level of Participants for Workshop 24 Presented at Child Library Association (N=29)



Discipline of Participants for Workshop 24 Presented at Child Library Association (N=30)

CONSUMER SATISFACTION SUMMARY
SESSION 24

Agreement with statement (1=strongly disagree; 3=normal; 5=strongly agree)

Statement	Mean	Standard Deviation	n
Objectives of the training were met.	4.37	.92	24
All topics on the agenda were addressed.	4.63	.88	24
The materials (e.g., readings, overheads) were relevant to the training content.	4.43	.95	23
Adequate illustrations and examples were used during presentations.	4.33	1.05	24
Time was well organized.	4.63	.92	24
The information is relevant and can be applied to my work situation.	4.13	1.08	24
I feel I now have a better understanding of the subject presented.	4.33	.96	24
The presenters were well organized and prepared.	4.71	.86	24
The presenters were knowledgable in the subject.	4.75	.85	24
The presenters used a variety of activities that corresponded with the content.	4.42	1.02	24
The presenters were easy to listen to.	4.62	.88	24
The presenters valued our input.	4.71	.86	24
I found the environment to be comfortable.	4.58	.88	24
There was adequate time for breaks during the training sessions.	4.75	.85	24
The size of the group was appropriate for the sessions.	4.71	.86	24
The location of the training was convenient for me.	4.38	1.06	24
The day and time of the training was convenient for me.	4.54	.93	24

Sullivan County Community College

PARTICIPANT LIST

Agency Name and Address: Sullivan Co. Community College
Date of Training: 1/12/95
Training ID#: 27 (Workshop)

Name/Title/Agency	Address	Telephone
Ralph J. Ssavarek Ex. Dir.	P.O. Box 864, Liberty, NY	292-7166
Kristin Geesline	P.O. Box 590, Liberty, NY	292-0100
Helene Polonsky, CSW	Liberty Central School	292-5400
Adele Barnard	167 Moore Hill, Grahamsville NY	985-2478
Jan Bain Fallsburg	P.O. Box 659, Woodbaum, NY	434-5884
Marilyn Wranch	Box 906, S. Fallsburg, NY	434-4110
Chris Emery	85 Ferndale-Loomis Rd, Liberty	292-0082
Susan Jonoux	Sullivan County BOCES	791-4071
Deborah Stack	4 Yank Pl, Ellenville, NY	647-6464
Carol Coeozella	Fallsburg Schools	

CHARACTERISTICS OF EFFECTIVE SERVICE DELIVERY WITHIN EARLY CHILDHOOD PROGRAMS

1. A program philosophy for inclusive early childhood services.
2. A consistent and ongoing system for family involvement.
3. A system of team planning and program implementation.
4. A system of collaboration and communication with other agencies that provide services to young children with disabilities and their families.
5. A well-constructed Individualized Education Program or Individualized Family Service Plan that dictates the instructional content for each participating child.
6. Integrated delivery of educational and related services.
7. A consistent and ongoing system for training and staff development.
8. A comprehensive system for evaluating the effectiveness of the program.

THE CENTER FOR ADOLESCENT SERVICES

The Center for Adolescent Services

DOH STATE OF NEW YORK
DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Mark R. Chassin, M.D., M.P.P., M.P.H.
Commissioner
Paula Wilson
Executive Deputy Commissioner

OFFICE OF PUBLIC HEALTH
Lloyd F. Novick, M.D., M.P.H.
Director
Diana Jones Ritter
Executive Deputy Director

April 8, 1994

Mr. David E. Wertman
Public Health Director
Broome County Health Department
One Wall Street
Binghamton, NY 13901

Dear Mr. Wertman:

Congratulations on receiving two-year funding approval of the Request for Application you submitted for a Model Early Intervention Service Project to expand service delivery in natural settings.

As discussed with Nancy Tumey of my staff, questions concerning the budget and workplan need to be addressed prior to finalizing contract documents. A conference call has been scheduled for April 19, 1994 at 10:00 AM with the individuals you have designated (see enclosed list of names). Topics to be discussed may include staff qualifications, program evaluation criteria, and/or budget-related issues. Projects containing a training component will need to provide materials (e.g., curricula, overheads, etc.) to Early Intervention Program staff for review in advance of any training activities.

Required documentation for the Request for Application included a workplan which was based upon a one-year award. The two-year approval of this grant necessitates amendments to the workplans. Enclosed is a format which we request you use to finalize the plan. Since the start date of this contract has not been finalized, specific dates should not be used when discussing workplan timeframes. Please use general references such as first quarter or month 24, etc.

We look forward to working with you on this exciting initiative. If you have any questions, please do not hesitate to contact Ms. Tumey or me at 518-473-7016.

Sincerely,

Donna M. Noyes, Ph.D
Director of Policy and Program Development
Early Intervention Program

Enclosures

BEST COPY AVAILABLE

Establishing a Philosophy Toward Inclusion

THE CENTER FOR ADOLESCENT SERVICES, INC.

Model Early Intervention Program
December 9, 1994 and January 13, 1995

Workshop #26

NAME	ORGANIZATION
Karen Nichols	The Center
Elaine Weller	The Center
Bobbie Kreger	BCHD
Ruth Mueller	BCHD
Kim Temer	BCHD
Dan Frering	NYS Department of Health
Linda Shoemaker	HRB Cliic
Bill Davenport	BCHD
Stan Wanglund	HRBC
Leslie Gale-Cseledy	BCHD
Heidi Mikeska	CAS
Mary McKilligan	HRBC
Diane Hardy	The Center

AGENDA

TOPIC	FORMAT
Importance of Philosophy	Lecture/Discussion
Current Philosophy	Lecture/Discussion
Examples of Philosophies Toward Inclusion	Lecture/Discussion
Key Components of a Philosophy Toward Inclusion	Brainstorm/Activity
Communicating Philosophy to Others	Brainstorm/Discussion
Philosophy vs. policy	Lecture/Discussion

The Center For Adolescent Services
Binghamton, NY

DRAFT: 8/10/94

TWO YEAR WORKPLAN

GOAL	OBJECTIVE	ACTIVITIES	TIMEFRAME	RESPONSIBLE PARTY	EVALUATION METHODOLOGY
1. To Deliver Early Intervention Services to 5 infants and toddlers with a group natural environment over the course of the year.	A. Infants and toddlers whose mother's are under 21 years old, that are suspected to having a development delay will be referred to the BC Health Department	A1. Multi-disciplinary evaluation process will be used to assess the infant or toddler and parent strengths and developmental needs.	Month 1 - 12	Broome County Health Dept.	A1. Multi-disc eval is on file that reflects uniform eval
		A2. The child's service needs will be determined during an an IFSP meeting. Goals and objectives will be determined in collaboration with the parent, service coordinator and other relevant staff. The goals and objectives will be developed for implementation within the typical activities and routines at the day care center. Any services will be delivered within these activities and routines.		Broome County Health Dept.	A2. IFSP is in place with 5 children enrolled in TC day care prog
	B. The training consultant will provide training to the involved staff (both special services and day care staff on the development of cross-disciplinary, activity based strategies.	B1. Training will be conducted in both individual sessions using modeling, demonstration and feedback, and group sessions on such topics as collaborative consultation, integrated therapy, and activity based instruction. The training model to be used has been validated by the Community Integration Project.	Month 1 - 12	Coordinator Training Consultant	B1. Phil of TCAS & DC prog inclds commitment to inclusion . Curr based on:uniform eval, best practice, fiscal respon bilities Training sessions done

BEST COPY AVAILABLE

GOAL	OBJECTIVE	ACTIVITIES	TIMEFRAME	RESPONSIBLE	EVALUATION
		B2. A variety of evaluation measures will be conducted on a quarterly basis by the training consultant. This will be used to insure the the effectiveness of the model across children, families and staff	Quarterly	Training Consultant	Appendix A: Evaluation Design
II. To provide workshops, technical assistance and on-going training to early interventionists and day care providers on inclusive early intervention service delivered in natural group environments	A. the project staff will provide 6 workshops throughout the region on implementing early intervention in inclusive community settings.	A1. Early intervention staff as well as day care staff and families in the community will be contacted regarding scheduling of workshops	Month 13-24	Coordinator Training Consultant	A1. Notices are sent to EI,DC, families
		A2. The content of the workshops will consist of the model components of the Inclusive Model			A2. 2 groups complete Trn-the-Trnr sessions (20-30 Part)
		A3. The training consultant will also be available to provide technical assistance to inclusive programs in which children with disabilities are receiving early intervention services with children without disabilities.			A3. TA is avail/ provided; 1 workshop on inclusion provided for 100 in comm
		A4. In addition, groups of providers may request long-term training from the training consultant on systems change strategies to enable them to move into an inclusive model of early intervention.			A4. Trainers avail in community through Trn-the-Trnr curricula

BEST COPY AVAILABLE

GOAL	OBJECTIVE	ACTIVITIES	TIMEFRAME	RESPONSIBLE PARTY	EVALUATION METHODOLOGY
III. Expand The Center's Young Program to include specific supports for parents of children with special needs and give parents of non-special needs babies opportunities to develop health attitudes toward special needs children.	A. Parents of special needs babies will participate in The Center's Young Parent Program group meetings of teen parents to learn about child development and parent education. The Young Parent Program curriculum will be enhanced to include a component on special needs children and parenting of children with special needs.	A1. The training consultant and parents of special needs babies will participate in the Young Parent Program group meetings.	Month 13 - 24	Coordinator Training Consultant Teen Parent/ Peer Educator	A1. Inclusion component Young parent Curricula
		A2. Opportunities will be made available for additional meetings for parents of special needs children only to share experiences and reduce feeling of isolation by relating to parents with similar needs.			A2. Meetings held with parents of special needs child.
		A3. The training consultant will assist in developing evaluation measures to insure the effectiveness of the program in meeting needs of parents with special needs and measuring attitudes toward special needs children.			A3. Evaluation designed
	B. A parent of a special needs baby will be used as a peer educator, with support from the training consultant, to give the parents of special needs babies an opportunity to learn, share, and resolve issues	B1. The project staff will identify teen parents who could act as a peer educator(s) and would be willing to do so. The coordinator will establish a training schedule for the teen peer educator prior to the implementation of the program	Month 13 - 18	Training Consultant Teen Parent/ Peer Educator	B1. teen parent participates in trn-the-trner sessions

BEST COPY AVAILABLE

GOAL	OBJECTIVE	ACTIVITIES	TIMEFRAME	RESPONSIBLE PARTY	EVALUATION METHODOLOGY
	B continued related to inclusion efforts and parenting a special needs child.	B2. The training consultant will assist in the development of a peer education curriculum and identify training needs of peer educators	Month 13 - 18		B2. Trn-the-Trner Curricula inclds peer education component
		B3. The peer education program will be implemented, either parent-to-parent or group of parents with support from the training consultant. Evaluation measures will be developed to ensure program effectiveness.	Month 19 - 24		B3. Peer education component is implem & evaluated

BEST COPY AVAILABLE

Preschool Special Education Advisory Committee

PRESCHOOL SPECIAL EDUCATION ADVISORY COMMITTEE

CENTURY HOUSE

LATHAM NEW YORK

AGENDA

JANUARY 18, 1995

8:00 AM - COFFEE AND DANISH
8:30 AM - WELCOME
9:00 AM - LARRY GLOECKLER
10:00 AM - RITA LEVAY, ESTABLISHING PSEAC PRIORITIES-GROUP PROCESS

12:00 PM - LUNCH, DELI BUFFET

1:00 PM - ESTABLISHING PSEAC PRIORITIES
2:30 PM - SUBCOMMITTEE MEETINGS
5:00 PM - ADJOURN

7:00 PM - DR. MARY BETH BRUDER, NATIONAL TRENDS LRE/INCLUSION

JANUARY 19, 1995

8:00 AM - COFFEE, BAGELS AND CREAM CHEESE
8:30 AM - SUBCOMMITTEE REPORTS
10:00 AM - DR. DEBORAH COLLEY, EARLY CHILDHOOD DIRECTION CENTERS
11:00 AM - IRA CERTNER & ANN GETMAN, STAC REDESIGN

12:00 PM - LUNCH, DELI BUFFET

1:00 AM - DISCUSSION/DEBRIEFING FOLLOWING DR. BRUDER'S PRESENTATION
1:30 PM - LARRY WAITE, OSES UPDATES
2:00 PM - APPROVE MINUTES/ ESTABLISH MAY AGENDA
2:30 PM - ADJOURN

PRESCHOOL SPECIAL EDUCATION ADVISORY COMMITTEE 11/94

Name	Representing	Fax Number
Margery E. Ames Interagency Council of Mental Retardation and Developmental Disabilities Agencies, Inc. 275 Seventh Avenue New York, NY 10001 (212) 645-6360	Member at Large	(212) 627-8847
Amy Button New York State Association for Retarded Children 393 Delaware Avenue Delmar, NY 12054 (518) 439-8311	Statewide Organization	(518) 439-1893
Marcia Kepecs Director Warbasse Nursery School 2785 West 5th Street Brooklyn, NY 11224 (718) 266-5766	Approved Preschool Program	(718) 266-5766
Steve Brickman New York State Senate Select Committee on the Disabled Legislative Office Building Albany, NY 12247 (518) 455-2677	Ad Hoc Legislature	(518) 432-9536
Ben Conboy Director Division for Children with Special Needs Albany County Dept. of Health 175 Green Street Albany, NY 12201 (518) 447-4683	Municipality	(518) 447-4573
Mike Reif, Director Regional Early Childhood Direction Center Box 671 601 Elmwood Avenue Rochester, NY 14642 (716) 275-2263	Early Childhood Direction Center	(716) 275-3366

Chris Vogelsang Syracuse City Schools Blodgett School Early Childhood Center 312 Oswego Street Syracuse, NY 13204 (315) 435-4386	Approved Preschool Program LEA	(315) 435-6553
Linda Benton 428 Pinkster Lane Slingerlands, NY 12159 Home - 357-0095 Work - 456-4466 Relay Service 1-800-421-1220	Special Education Teacher	
Judith Bloch Variety Preschooler's Workshop 47 Humphrey Drive Syosset, NY 11791 (516) 921-7171	Member at Large	(516) 921-8130
Susan Constantino UCP Association of N.Y.S. Inc. 155 Washington Avenue Albany, NY 12210 (518) 436-0178 (212) 947-5770 Ext. 210	Statewide Organization	(212) 594-4548
Ms. Toya Davis 355 Baldwin Road Hempstead, NY 11550 (516) 783-7523	Parent of a child with a disability	(516) 538-8180
Mr. David Albert Room 520 NYS Capitol Albany, NY 12248	Ad Hoc	(518) 455 5182
Dr. Roberta Gould Representative of Long Island Assc. of Special Education Administrators 4 Effron Place Great Neck, NY 11020 (515) 466-9360	School District Adminisrator Local and CAP Member	
Jeffrey Lovell Senate Majority Program Office Room 428, State Capitol Albany, NY 12247 (518) 455-2406	Ad Hoc Legislature	(518) 432-4940

Stephen Mittman Division of Special Education N.Y.C. Board of Education 110 Livingston Street Room 228 Brooklyn, NY 11201 (718) 935-3395	School District Administrator Big 5 Cities	(718) 935-3886
Mary Ann O'Brien BOCES 497 Whiting Road Webster, NY 14580 (716) 331-9572	Special Education Teacher	(716) 331-9572
Paul O'Brien 225 Rabro Dr. E. Hauppauge, NY 11788	Municipality	
Michael Plotzker NYSED - VESID One Commerce Plaza Room 1609 Albany, NY 12234 (518) 473-4823	Ad Hoc VESID	(518) 473-6073
Patricia Snieska New York State Association of Counties 150 State Street Albany, NY 12207	Municipality	(518) 465-1473
Tom Gill Special Education Director So. Westchester BOCES Rye Lake Campus 1606 Old Orchard Street White Plains, NY 10604 (914) 949-9331	Approved Preschool Program BOCES	(914) 949-2907
Mary Garrett Capital District Beginnings, Inc. 2500 21st Street Troy, N.Y. 12180 (518) 272-0767	Individual with a Disability	(518) 272-0874

Dinah Heller New York University Continuing Education Dept. of Human Services & Education Resource Access Project Region II 48 Cooper Square New York, NY 10003 (212) 998-7205	Statewide Organization Headstart	(212) 995-4131
Frederick Meservey Acting Executive Director Council on Children and Families Corning Tower - 28th Floor Empire State Plaza Albany, NY 12223 (518) 474-6294	Ad Hoc Council on Children and Families Permanent Interagency Committee on Early Childhood Programs	(518) 473-2570
John McGuire Director of Instruction Ravena-Coeymans-Selkirk Central School 26 Thatcher Street PO Box 97 Selkirk, NY 12158 (518) 767-2850	School District	(518) 877-5377
Marilyn Wessels President Schools Are for Everyone, Inc. 1365 VanAntwerp Apts. - Gatehouse Schenectady, NY 12309 (518) 377-8903 (Home) (518) 377-8074 (Day)	Member at Large	
David Hoffman Bureau of Child and Adolescent Health Room 780 Corning Tower Albany, NY 12237-0618 (518) 474-4569	Ad Hoc Department of Health	(518) 473-8673
Karen Schiess 66 Rockhill Road Rochester, NY 14618 (716) 244-6323	Parent	
Rebecca Rollins 955 St. Davids Lane Schenectady, NY 12309	Teacher	

Marge Korzelius Pre-K Administrative Director 428 City Hall Buffalo, NY 14202 (716) 851-3627	School District Dist. Admin.
Gail Landsman 1613 New Scotland Road Slingerlands, NY 12159 (H) 439-1899 (W) 442-4705	Parent
Cynthia Gallagher Eduction Building Annex Room 318 Albany, New York 12234 ((518) 474-5807	Ad Hoc

Capitol District - Central New York Region (Participants)

- Center for the Disabled
- Glonersville
- Beginnings
- Herkimer BOCES
- Spice

Goal #1

Trans. for families and students to typical kids

Strategies:

- Collaboration between agencies
- Social Services
- Agencies

Goal #2

Explore expansion of current programs

Strategies:

- Training for Early Childhood Educators
- Training for School district re: needs of Preschool population
- Use Head Start Early Ident. Strategy

Goal #3

Concern regarding decrease in number of referrals

- Write letter to county

Goal #4

SEIT and Daycare- Tracking services

- Speak to state ed.
- need more flexible funding.

Westchester and LI Lower Hudson Region (Participants)

- Building Beachs
- New Interdisciplinary Preschool
- Shuttering Programs
- Westchester ARC

Issues:

- Create regional groups/
    - Chapters
    - SEPTA
    - NAEYC
- Identify local barriers
    - child by child/ family by family
- Research existing programs
- Identify solutions and make placements
- Encourage Self-contained programs to also integrate
- Partnerships
- Contacts

Goal #1

Raise Child Care and Head Start salaries and education requirements

Strategies:

- Public/ legislative education
- Training and fiscal support

Goal #2

Funding to make structural changes to meet ADA requirements

Goal #3

Revision of Higher Ed. Curriculum. to include training on kids with disabilities

Strategies:

- invite colleagues to see programs

New York City and Long Island Region (Participants)

- Union Settlement
- AHRC
- Educational Equity

Want continued involvement at state level with region to clearly implement CPSE process and CSE process.

Goal #1

Educate NYC Board of Education regarding models of service for preschoolers with disabilities.

Strategies:

- Training NYC CPSE's on preschool region- Also discuss projects.
- to implement models

Goal #2

Accessibility for kids and families to each childhood programs.

Strategies:

- list all possible funding sources and disseminate it.

Goal #3

Separate contract with each service provider for each child

- Massive paperwork
- Clarity or regulation
- Go to Board of Regents to recommend change in future law.
- Trans. 5 days a week - letter written
- List of Interagency councils that exist
- Single pt. of leadership

Wish List:

Universal preschool program and accessible childcare for all 3 and 4 year olds.

Albany County Head Start

ALBANY COUNTY HEAD START
ALBANY COUNTY OPPORTUNITY, INC.
35 CLINTON AVENUE, ALBANY, NY 12207 (518) 463-3175

PROJECT DIRECTOR
AMANDA BRYANS

Dear Marie, April 12, 1995

On behalf of Albany County Head Start I would like to thank you for providing the workshop on I.E.P. on Friday, March 31st.

Although I was not able to touch base with you at the end of the day, I did hear many a favorable comment and know that much insight was gained by our staff from your knowledgeable presentation.

If we can be of service in the future please do not hesitate to call. Until then, thanks again, we appreciate your time and effort.

Very truly yours,

Monica Seeber

Monica Seeber

Training Committee

BEST COPY AVAILABLE

HEAD START CENTERS

Ann E. Klose First School
295 Colonie Street
Albany, New York 12206
Tel. 438-9622

Lincoln Square
3 Lincoln Square
Albany, New York 12202
Tel. 436-0013

Sheridan
333 Sheridan Avenue
Albany, New York 12206
Tel. 463-4227

Olivia Rone
7 Morton Avenue
Albany, New York 12202
Tel. 462-5411

Ogden Mill
One Ogden Plaza
Cohoes, New York 12047
Tel. 237-1385

Roulier Heights
Garner Street
Cohoes, New York 12047
Tel. 235-2302

Watervliet
2400 Second Avenue
Watervliet, New York 12189
Tel. 274-7254

Home Base Head Start
Serving Coeymans, Hilltowns
and Watervliet
Tel. 274-7254

THE UNIVERSITY OF CONNECTICUT
DIVISION OF CHILD AND FAMILY STUDIES
COMMUNITY INCLUSION PROJECT

THE IEP: IT'S FUN. SIMPLE AND USEFUL

Presenter : Marie Brand

Purpose: To present guidelines for developing Individualiz Educational Programs (IEP's) to support the inclusion children with disabilities in community settings.

I. Introduction

II. Getting the IEP Started: Communication and Teamwork

III. Components of an IEP

IV. Writing Simple/Functional Behavioral Objectives

V. "Early Childhood Education AT ITS BEST!" (Video)

VI. Implementing the IEP in Your Classroom

VII. Summary/Questions

For the 1994 - 1995 school year **Albany County Head Start** will operate 4 centers in the City of Albany.

The **Sheridan Avenue Center** at 333 Sheridan Avenue houses 6 classrooms and 106 children.

The **Olivia Rorie Center (ORC)** at 7 Mortom Avenue has 3 classrooms and 54 children.

The **Ann E. Klose First School** at 295 Colonie Street has 1 classroom with 18 children.

The **Lincoln Square Center** at 3 Lincoln Square on Morton Avenue has 2 classrooms and 30 children.

As part of our expansion efforts we hope to open 1 classroom for 3 year olds in the City of Albany as well as 1 full day, full year classroom as dictated by family needs.

The **Cohoes/Watervliet Center** serves the cities of Cohoes and Watervliet.

We operate 3 classrooms in the City of Cohoes.

The **Ogden Mills** site at 1 Ogden Plaza, Ontario Street, houses 2 classrooms and 33 children.

The **Roulier Heights** site on Garner Street has 1 classroom and 15 children.

There is 1 classroom housing 18 children in the City of **Watervliet** in the Joslin Apts. Community Center on 2nd Avenue.

A new classroom serving **Green Island** will enroll 18 children. It is located at 69 Hudson Avenue.

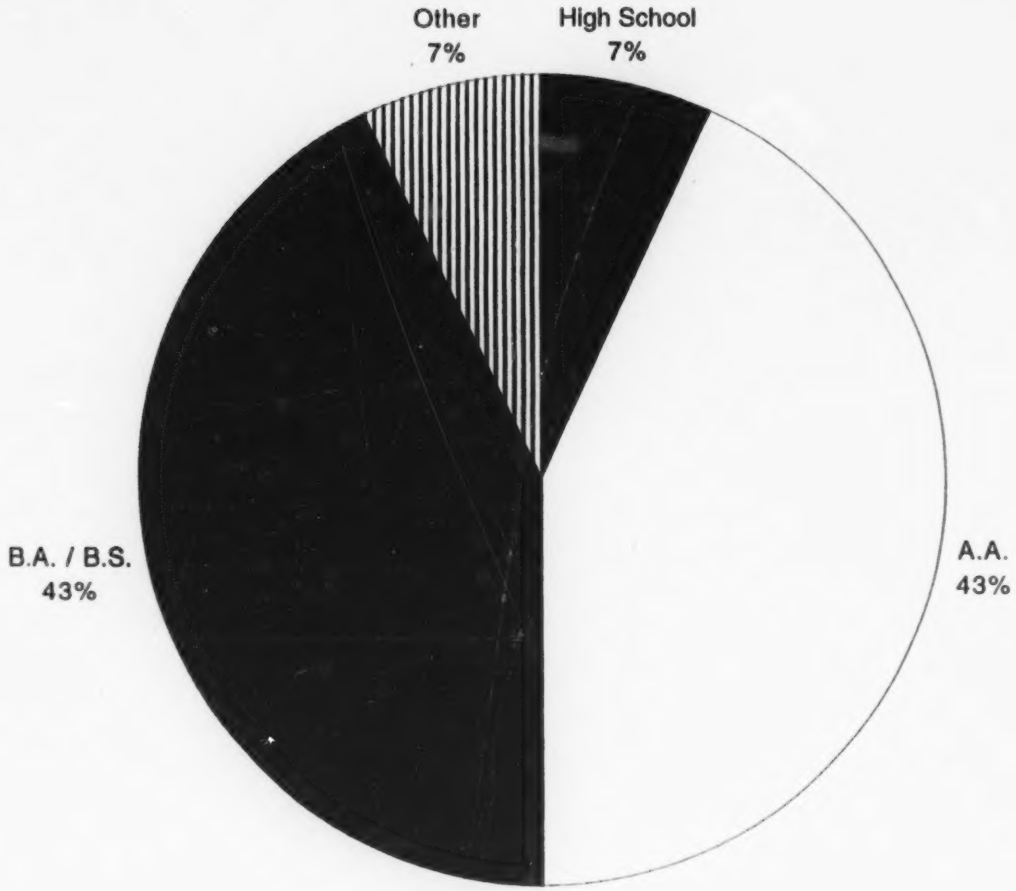
The **Ravena** classroom serves 15 3 year old children and is located in the Ravena Elementary School, 7 Mountain Road. Many of these children will attend the R-C-S Pre-K Program or our Home Based Program as 4 year olds.

Our **Home Based Option Program** serves 10 families in each of the following areas: the Hilltowns (Berne, Knox, Westerlo), Cohoes/Watervliet, Ravena, and Colonie.

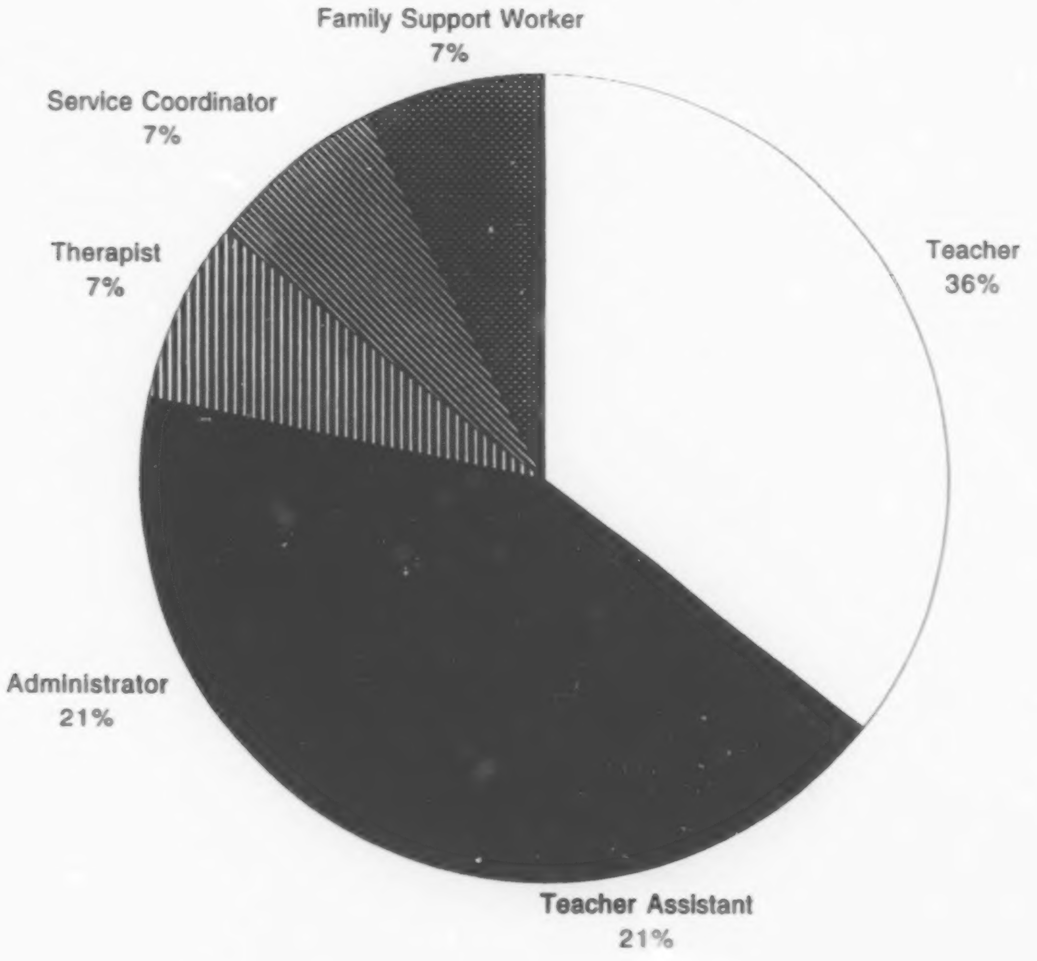
PARTICIPANT LIST

Agency Name and Address: Albany CO. Head Start, Albany, NY
Date of Training: Workshop
Training ID #: 29

Name/Title/Agency	Address	Telephone
Victoria McGoldrick	11 Chestnut Hill South Loudonville, NY	462-9886
Mary Shea	2 West Van Vechten Street Albany, NY	438-5537
Alice Christiana	1468 SR 143 Coupmans Hollow, NY	756-2562
Victoria Piper	Box 181 Suits Road Doanesburg, NY	274-9150
Wendy Daignault	73 Hudson River Road A3 Waterford, NY 12188	233-8715
Donna Turner	1 McNaughton Avenue Renss., NY	432-5620
Ella Mullony	7 Morton Avenue	462-5411
Sue Hains	35 Clincon Avenue, Albany, NY	463-5175
Sarah Colvin	333 Sheidan Ave, Albany, NY	463-4227
Mary Koonz	Mountain Road	756-3881
Annette Fusco	3 Mowhawk Street Green Island, NY	272-6771
Rebecca Griffith	7 Morton Avenue Albany, NY	462-5411
Charlene Shahin	2171 Webster Drive Schenectady, NY	346-6703
Christine Kelle	445 Morris Street Albany, NY	453-1254



Education Level of Participants for Workshop 29 Presented at Albany County Head Start (N=14)

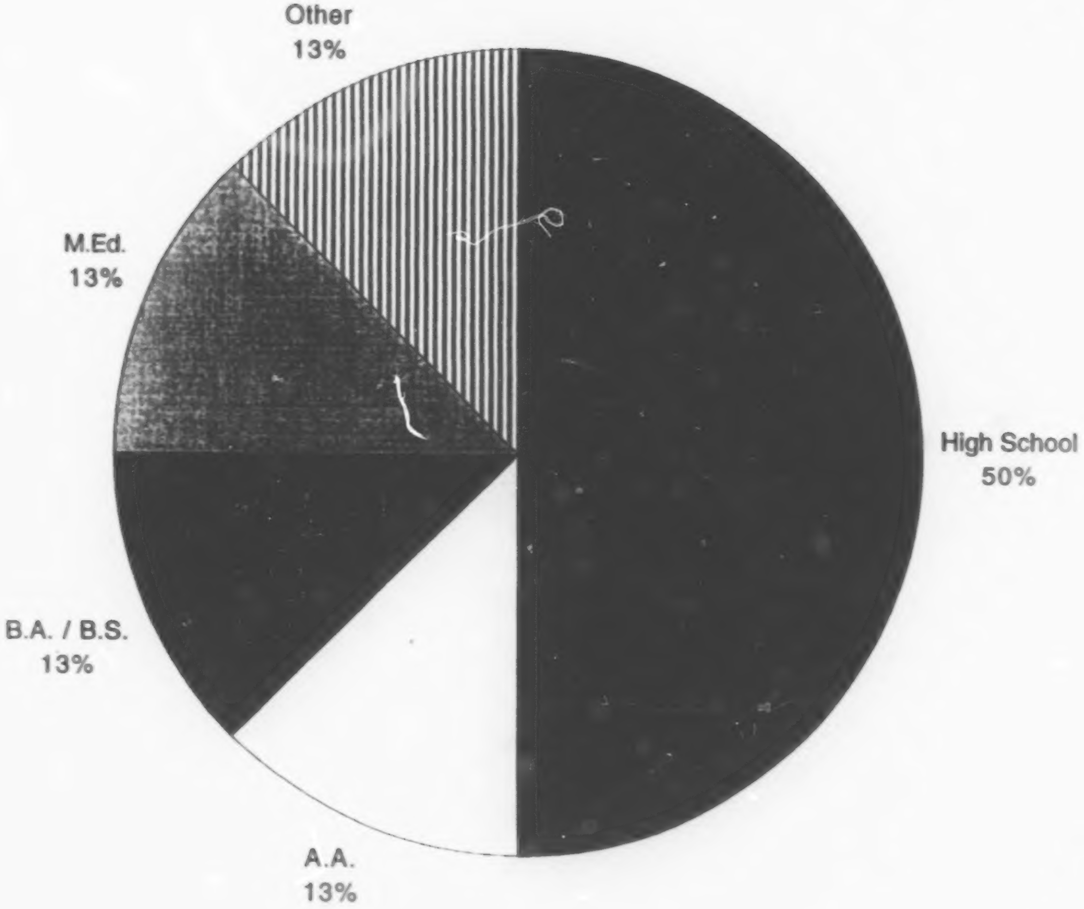


Discipline of Participants for Workshop 29 Presented at Albany County Head Start (N= 14)

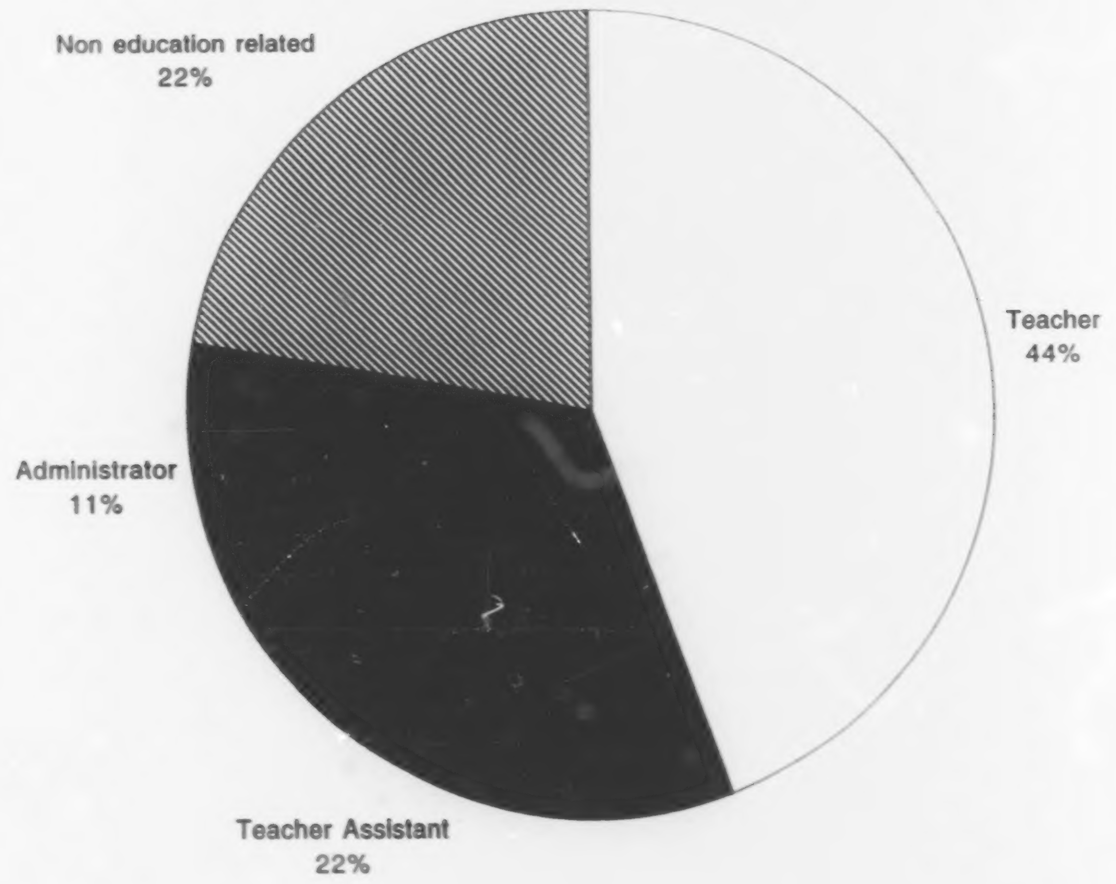
PARTICIPANT LIST

Agency Name and Address: Albany Co. Head Start, Albany, NY
Date of Training: 3/31/95
Training ID #: 30

Name/Title/Agency	Address	Telephone
Karen MacDougall	213 25th Street	270-9073
Carolyn Dacey	1620 7th Avenue, Wyliet, NY, NY	271-6531
Mary Alexander	172 Donald Avenue Schenectady, NY	372-5635
Ann Fallen Macias	183A South Pearl Street Albany, NY	433-9231
Tammy Norris	35 Clinton Avenue Albany, NY	463-3175
Anida Morris	15 Moore Street Albany, NY	465-4304
Patty Persell	35 Clinton Avenue Albany, NY	463-3175
Andre Legrune	878 Lark Drive Albany, NY	432-7410
Denise Motley	24 First Street Coeymans, NY	518-436-0013
Lisa Craig	133 Helderberg Avenue Altamont, NY	463-4227
Juliette Susan Smith	167 Vliet Boulevard Cohoes, NY	235-2302
Barbara Parrella	14 Mountain Road Ravena, NY	756-7762
Phillis McLaughlin	7 Morton Avenue Albany, NY	462-5411



Education Level of Participants for Workshop 30 Presented at Albany County Head Start (N=8)



Discipline of Participants for Workshop 30 Presented at Albany County Head Start (N=9)

Early Childhood Direction Center

THE EARLY CHILDHOOD DIRECTION CENTER

27 North Bicycle Path, Selden, NY 11784 • (516) 696-2040

February 21, 1995

Marie Brand, MS
Project Coordinator
139 N. Beacon St.
Middletown, NY 10940

Dear Ms. Brand,

We are delighted that you will be able to be a presenter at our ECDC Providers' meeting on April 11th.

As previously discussed, we are planning a panel discussion with Agency, District, Day Care and Head Start providers who have initiated inclusionary type of programs. Panels will be asked to discuss a specific topic (areas to be defined by the Committee) of success/difficulties encountered while establishing their respective programs.

It is our hope that you will give a broader perspective of specific guidelines that have worked in other regions (what & how). The meeting will begin at 9:00 a.m. at Developmental Disabilities Institute, 99 Hollywood Drive, Smithtown, N.Y., telephone # 366-2900. Enclosed, as requested, are directions from the Throggs Neck/Whitestone Bridges. Please save toll receipts so that we may reimburse them along with the mileage.

I will be calling you in mid-March to begin the finalizing details and clarify the numbers attending. I am excited about the prospect of working with you and my colleagues in Suffolk for what promises to be a very productive session.

Sincerely,

Rosa Garcia

Rosa Garcia
Director, ECDC

RG:dg

A Project of the Developmental Disabilities Institute

THE EARLY CHILDHOOD DIRECTION CENTER

27 North Bicycle Path, Selden, NY 11784 • (516) 696-2040

May 2, 1995

Marie Brand, MS
139 N. Beacon Street
Middletown, NY 10940

Dear Marie,

Thank you for your recent participation at the Early Childhood Direction Center Providers' Meeting of April 11th. Your willingness to travel such a long distance in order to address the group is greatly appreciated.

Judging from the response and size of the audience, it was obvious that this is a topic of great interest to many who are involved in the care and education of preschoolers. While the Inclusion debate is sure to continue, your insightful presentation provided an informative and practical perspective on some basic components of inclusionary programs. We believe much was accomplished with this first attempt and the response confirms it. Reimbursement for your travel expenses has been forwarded to SEALTA. You should be hearing from them very soon. If not, please inform us and we'll make sure you receive payment in a timely manner.

Once again, it was a pleasure collaborating with you. The Direction Center staff and I look forward to another joint effort with you in the near future.

Sincerely,

Rosa Garcia
Director, ECDC

RG:dg

A Project of the Developmental Disabilities Institute

Suffolk ECDC's Providers' Meeting - 4/11/95

Name	Name & Address of Organization	Phone
Linda Whitaker	DOI	266-4400
Marie Ficaro	St. Chares	331-6400
Henry Tanners	North Babylon CPSE Chair	321-3365
Karen Scott	CPC Head Start	585-3131
Nancy Picart	CPC Head Start	585-3131
Maryanne Santin	CPC Head Start	585-3131
Steve Held	Just Kids	924-0008
Steve Gordon		
Jan Orlind	SC	853-3130
Sandy Arbor	SCBSCD	853-3130
Maryl Zaglon	SC	853-3130
Debra Willcome	TOPS	269-4400
Len Davis	SCA:TA	472-6455
Roberta Risenblum	ACDS	221-4700
Laura Ludlow	Rainbow	261-7673
Connie Galen	Child Care Council Suffolk	462-0444
Marti White	Northport SD	262-6862
Bill Milligan	DDI	266-4400
Joseph Farrak	Islip Public Schools, Islip, NY	581-2560
Barbara Esp	Cleary School for the Deaf	588-0530
Vera Broch	Building Blocks	499-1237
Susan Platkin	Parent	266-1743
Linda Mittigan	Parent	563-2138
Claire Salant	N/S	286-0067
Jackie Kringner	ACCD	665-1900
Irene Korolczuk	DDI	266-4400
Howard Link	South Huntington	673-1785
Steve Lemaire	SILO, Medford, NY	348-0207
Marshall Lepidus	PHCP	854-2224
Helen Wilder	NIS	924-5583
Charlotte Farinella	ACLD (Kramer)	665-1900
James Goldman	DDI-Selden	698-1160
Arlene Murtha	St. Charles	331-6400
Barbara Ende	Saytikos Educate - AHRC	543-7200
Bobbie Dasch	Parent Adv. Patch. Med.	758-3895
Ginny Campbell	Dear Park Public Schools	242-6529
Linda Milch	LI Advocacy	234-3453
Lynnette McNeil	L.I. Head Start	758-5200
Wilma Kaplan	NIS	924-5583
Glen Woodway	DDI	
Jennifer Eja	UCP	543-7214
B. Wirzman	Rainbow Pre-School	543-1444
Susan Lobacz	Connecticut School District	244-2280
Janis Weissman	L.I. Advocacy Center	248-2222
Anne Tinder	Leeway	589-8060
Edward hand	Parent	
Patrice Berry	Center for Dev. Disab.	
Sheila Fleming	Head Start	
Donna Gary-Donovan	Just Kids	
Elayne Gersten		
Marie Brand	Comm. Incl. Project UConn Health Ctr	
Anna Torres	Head Start	

THE EARLY CHILDHOOD DIRECTION CENTER

27 North Bicycle Path, Selden, NY 11784 • (516) 696-2040

April 11, 1995

SUFFOLK EARLY CHILDHOOD DIRECTION CENTER'S PROVIDERS' MEETING

AGENDA

I. WELCOME

II. GUEST SPEAKER: Marie Brand, Project Coordinator, Community Inclusion Project for Young Children with Disabilities, University of Connecticut Health Center - "Components of an Inclusive Early Intervention Program"

III. INCLUSION/LRE PANEL DISCUSSION:

Panelists	*Topics:*
Susan Bronstein, Director Building Blocks Developmental Preschool	*"Administrative Issues"*
Connie Galin, Training & Technical Assistance Coordinator Child Care Council of Suffolk	*"Training Needs of Child Care Providers"*
Charlotte Farrinella, Day Care Supervisor ACLD - Kramer Learning Center	*"Inclusive Staffing Patterns"*
Janice Goldman, Assistant Director Starting Early Division of DDI	*"Encouraging Friendships & Peer Support"*

Panelists	*Topics:*
Sheila Fleming, Disabilities *Service Coordinator* *Head Start* *&* *Donna Gary-Donovan, Teacher* *Training Coordinator* *Just Kids Early Childhood Learning Center*	*"Inclusion in a Head Start Integrated Curriculum Model"*
Dr. Susan Platkin & *Linda Mittiga* *Parents*	*"Parental Perspective on Inclusion"*
Claire Salant, Director Special Projects *New Interdisciplinary School*	*"State Funded Project for the Education of Students in Integrated Settings"*

NEXT PROVIDERS' MEETING DATE: May 16, 1995

April 11, 1995 ECDC Providers' Mtg. Panelists

Marie Brand
Project Coordinator
Community Inclusion Project for Young Children with Disabilities
University of Connecticut Health Center

"Components of an Inclusive Early Intervention Program"

****

Susan Bronstein, Director
Building Blocks Developmental Preschool
Sarina Drive
Commack, NY 11725

"Administrative Issues"

****

Connie Galin, Training & Technical Assistance Coordinator
Child Care Council of Suffolk
Old Farms School
60 Calvert Avenue
Commack, NY 11725

"Training of Child Care Providers"

****

Charlotte Farrinella, Day Care Supervisor
ACLD - Kramer Learning Center
1428 Fifth Avenue
Bay Shore, NY 11706

"Inclusive Staffing Patterns"

****

Brian McCue, CPSE Chairperson
Hauppauge UFSD
600 Townline Rd.
Hauppauge, NY 11788

"Parent-Professional Partnerships"

****

Janice Goldman, Assistant Director
Starting Early Division of DDI
27 N. Bicycle Path
Selden, NY 11784

"Encouraging Friendships & Peer Support"

****

Sheila Fleming
Disabilities Service Coordinator
Head Start
98 Austin Street
Patchogue, NY 11772

Donna Gary-Donovan
Teacher Training Coordinator
Just Kids Early Childhood Lrng. Ctr.
P.O. Box 12 - Longwood Rd.
Middle Island, NY 11953

"Inclusion in a Head Start Integrated Curriculum Model"

****

Dr. Susan Platkin
Parent
25 Kimberly Drive
E. Northport, NY 11731

Ms. Linda Mittiga
Parent
96 Garfield Avenue
Sayville, NY 11782

"Parental Perspective on Inclusion"

****

Claire Salant, Director Special Projects
NIS at Southaven
Montauk Highway
Brookhaven, NY 11719

"State Funded Project for the Education of Students in Integrated Settings"

CHARACTERISTICS OF EFFECTIVE SERVICE DELIVERY WITHIN EARLY CHILDHOOD PROGRAMS

1. A program philosophy for inclusive early childhood services.
2. A consistent and ongoing system for family involvement.
3. A system of team planning and program implementation.
4. A system of collaboration and communication with other agencies that provide services to young children with disabilities and their families.
5. A well-constructed Individualized Education Program or Individualized Family Service Plan that dictates the instructional content for each participating child.
6. Integrated delivery of educational and related services.
7. A consistent and ongoing system for training and staff development.
8. A comprehensive system for evaluating the effectiveness of the program.

ECDC 4/11/95 MINUTES

Marie Brand - Project Coordinator, Community Inclusion Project for Young Children with Disabilities - University of Connecticut Health Center - "Components of an Inclusive Early Intervention Program"

- The Community Inclusion project is a federally funded training project whose main goals are family and child oriented. It provides workshop/services training to early intervention special education staff on program development.
- There is no charge for training other than mileage reimbursement

Overhead - "Components for an Inclusive Program"

1. Philosophical Commitment
    - must be communicated to the community
    - what is the message and how will families be included?
2. A system of collaboration & communication with agencies serving children (special ed. & related svcs.)
    - become familiar with existing programs
    - avoid duplication of services
    - identify what could be done jointly
3. A consistent & ongoing system for family involvement
    - offer flexibility & choices for families & children
    - recognize that families want to be involved at different levels
4. A system of cross disciplinary team planning, service delivery & communication
    - recognize differences in expertise & professional areas
    - exercise role release

M. Brand (cont'd.)

5. A well constructed integrated Individualized Education Program (IEP) & Individualized Family Service Plan (IFSP)

   - identify the family process as ongoing, ensure flexibility into the program

   - where does the family see the child in the near future

6. A consistent & ongoing system for training and staff development

   - address attitude issues, share information & provide team/agency collaboration

7. Integrated instruction delivery of educational & related services access normally occurring classroom activities & routines

   - look at child's daily activities & facilitate learning - what's the routine - how can learning take place

8. A comprehensive system for evaluating the program

Orange County Community College

ORANGE COUNTY COMMUNITY COLLEGE
Middletown, NY

Workshop #32
February 16, 1995

AGENDA

Introduction

Overview of Legislation

Why Create Inclusive Programs?

Benefits and Concerns of Inclusion

Components of an Effective Inclusive Program

Values Activity

Establishing a Philosophy Toward Inclusion

How Can We Include Families?

BREAK

Adapting Activities for Children With Disabilities

Incorporating Activities into Naturally Occurring Routines

Film: "Early Childhood Education at its Best"

List of Participants

Agency Name and Address: Orange Co. Community College, Middletown, NY 10940
Date of Training: 2/16/95
Training ID #:

Name/Title/Agency	Address	Telephone
Eric Hassler	43 LaFayette Avenue Middletown, NY 10940	(914)343-3145
Harry Merritt	4 St. Stephan Close Middletown, NY 10940	
Melanie Wendel	15 Waring Road Newburgh, NY 12550	(914)569-8165
Lori Zgrodek	374 Strawridge Road Wallkill, NY 12589	(914)895-3708
Lester Milk	R.D. #1 Box 27 Woodborne, NJ 12780	434-5657
Mike Rabiet	13 Wurts Ave., #6 New Paltz, NY	None
Cindy Bishop	687 E. Peerpack Trl. Sparrow Bush, NY 12780	856-4074
Alison Adler	333 Boyton Hall SUNY New Paltz, NY	257-5638
Barbara D. Sims	403 Green Hills Estates Ferndale, NY 12734	(914)292-8435
Norma Murphy	RD #3 Box 509 Goshen, NY 10924	294-6552
Lisa Baisley	Box 120 Summitville, NY 12781	754-8681

NEW YORK STATE WORKSHOP SERIES

NEW YORK STATE DEPARTMENT OF HEALTH
EARLY INTERVENTION PROGRAM
MODEL DEMONSTRATION PROJECT MEETING
SEPTEMBER 20, 1995

NAME	AGENCY
Lisa O'Bryan	Oneida Co. H.D. - TOTS
Sharleen Moulton	UCP - TOTS
Michele Ann Strobridge, Ed.D.	Washington County Head Start
Pat Munoff	Washington County Head Start
Lynn M. Lauzon-Russon	NYS DOH - Regional Nurse
Dan Furing	NYS DOH
Debbie Hunter	Franklin County Nursing Service
Kathy Davey	Franklin County Nursing Service
Wendy Shaw	NYS DO
Bonnie Hamilton	Del. Co. PHMS
Linda Hughes	Cornell Corp. Extension/Del. Co.
Margaret Cherubin	Cornell Corp. Extension/Del. Co.
Anita Z. Watkins	Monroe County Dept. of Health
Alice Dick	Westchester County Dept. of Health
Michele Davis	Northern Westchester Guidance Clinic
Lois Hainsworth	NY DOH - Rochester
Kathy Collins	St. Vincent's Hospital, NYC
Linda Weiser	MHA IN O.C.
Virginia Nasser	Newburgh Free Library
Ann Craig	ICHAP/OCHD
Gwendolyn O. Davis	Newburgh Free Library
Freddy Baez	Montefiore/SCAN/N.Y.
Donna M. Osborne	RYSOOH-OPH Syr.
Nan Songer	FIRST LOOK
Terry Chylinski	FIRST LOOK
Susan Jordan	Affiliate FIRST LOOK - OCHO IHAP
Donna Graham	Clinton County Health Dept.
Kathy O'Connor	Clinton County Health Dept.
Peg Stratton	J.N. Adam, DDSO
Peter Allen	UCP Oneida
Mona Heck	NYS DOH Syr.
Marcia Kasprzyk	Schuyler Public Health
Chris Zaineddin	Schuyler Co. Child Care Council
Connie Callanan	Schuyler ARC
Lois Storch	UCP Queens
Lisa A. Geleffman	The Center
Bobbie Kragan	Bronx Co. Health

BEST COPY AVAILABLE

- Do differently as a result of 09/20/895 training
  - increase training for home visitors looking specifically at empowering home visitors
  - tighten evaluation process
  - call Washington

  It was helpful to hear EI is not an independent variable.

- Change observation report forms to better reflect family centered practices
  Address capacity issue of demo
  necessity of "selling" project to the community

- During upcoming programs, I will ask parents what they feel are their strengths and weaknesses are as parents. I will also inquire about what subjects parents would like to see covered during program series. I will at program "graduation" give the children an age appropriate gift as well as give parents a certificate of completion (Gwendolyn Outtar Davis, Coordinator, Parent/Child Workshop)

- Take minutes at staff meeting.
  Look at attendance barriers.

- Keep better logs of meetings related to Model Demo project - e.g., Agendas and Staff Meetings. I have been having ongoing staff (team meetings) without keeping track of them.

- 1. Go into more detail on what I'm already evaluating - make better use of all these things.
  2. Focus on what's working in the program rather than meeting to criteria set forth in the grant.

- 1. Add a cost component to the data base on the assistive technology loan closet to help stress cost-effectiveness in providing choices, alternatives for families.
  2. Include IFSP info, if possible, in evaluation data.

- Types of Evaluations
  - lending library - types requested

- #'s
- costs
- other needs

- center-based play group
- home-based play

Survey - phone survey 2 weeks after evaluation
- paper survey \ ? % of
- survey to be developed / return

1. Consumer survey - timeliness
    - treatment by eval.
    - participation in decision making
    - participation in evaluation
    - how did you hear of these services
2. Peer review of written reports / parent friendly
3. Evaluators do self-evaluation of themselves \ re-interview

ISSUES: translation into Spanish/French Creole

4. Hidden barriers

**Choices -
IFSP - Assistive Tech. - comparison of availability
IFSP outcomes - diff. - professionally driven
- family oriented

- I will change project to add parent awareness (i.e., informing parents of availability/appropriateness of day care to training piece (Lois Storch - UCP/Queens)

- Re-examine who is on the advisory board to make sure all the "stakeholders" not included (Head Start, family child care providers) are included.
  Maintain better record keeping of data.

- 1. Encourage participants to keep logs of what they do.
  2. Get a model (notebook with binders) with samples of what was done.
  THANKS!!

- Educate County Legislature to early intervention since they are a major stakeholder and seemingly "un-informed."

- 1. # children placed in daycare based or our training. Long term outcome.
  2. Competency task for the trained trainer.

- Inclusion
  Training - content of - developmental milestones, E.I. Process, observation communication, role play
  - method of - train the trainer, training daycare staff
  - who to train - daycare staff, small group and individual
  Inclusion, as a philosophy
  Problem solve
  Flexibility
  Communicate with parents
  Public awareness
  One-one go to each site to ask to participate
  Linkages of community agencies with child development council
  health
  DSS
  private providers

- What types of evaluation are occurring within
  1. parent satisfaction written project _____ of eval baseline
  2. peer review of reports - monthly
  3. review of the eval process & IFSP process - with each eval

  Cost of team vs. agency

  Commonalities to this table
  > giving families choices

  Technical assistance and training
  Future issues?
  1. orientation packet
  2. video
  3. family advocacy

  IFSP companion
  - IFSP outcomes
  - ? more reflective of family needs
  - successful?

- 9/20/95 - Look at family outcomes as well as individual child developmental outcomes and has the family achieved a level of independence vs. the child.

- document

-

delegate

- I will solicit community support for the project.

- What will I do differently as a result of today's training session? I will do a staff inservice on developing a "formal lesson plan" and write a daily contact note on each family.

- 2 responses from 2 people
  cce/Dd. co. STANDING IN THE GAP
  We will take minutes at our staff meetings and case reviews.

- One thing to do different
  1. Look to see/develop eval question and data source for objectives
  2. Check immunization status
  3. Pull commonalities out of case conferences
  4. Look to see if our initial minimum competencies for home visitors are still appropriate

- TA? Issues
  - family changes
  - working
  - logistics

  What is your purpose?
  - logs of team meeting
  - logs of staff meeting
  - standardized
  - competencies for home visitors - sensitivity

Evaluation Training
Buffalo - May 30-31, 1995
Evaluation Summary

Number Registered:	100
Number Attended:	107
Number of Evals:	66

	LOW				HIGH
1. The presentations were clear:					
Outcome-Based Assessment	2	6	26	21	11
Natural Environment	1	3	20	26	12
2. The presentations were well organized:					
Outcome-Based Assessment	2	9	18	23	14
Natural Environment	2	7	15	25	12
3. The presenters were responsive to participant questions:					
Outcome-Based Assessment	3	4	13	23	23
Natural Environment	1	2	13	23	23
4. Information presented was sufficient to meet workshop objective:					
Outcome-Based Assessment	4	6	16	24	16
Natural Environment	4	2	15	25	16

OTHER COMMENTS: It would have been helpful to see the outcomes and objectives from a functional grid before we tried to develop outcomes and objectives from the case studies - the examples were very clear. I respect your expertise but it's difficult to transfer these philosophies to reality. A majority of children we serve have parents/families that can't or won't make decisions or take a pro-active stance with their child's needs across all services/environments. You have enlightened me to be more in tune with family dynamics.;

Too much repetition of same things - better to change either groups or situations more often. More practical information on how to use this in real life situations.; This was a seminar that was well done and very relevant to me. I was introduced to many new concepts and found the format in which information was disseminated to be interesting and educational.; It is important to look at children from a framework of competency. Unfortunately many traditional service providers need to repeatedly hear this message.;

Presenters were great! An opportunity for problem solving in agencies. A need for change that goes beyond the scope of this conference.; Very difficult to read overheads. Would like to have all the overheads to refer to and make notations. Very good presentation. I just hope that provider agency personnel will begin to understand that deficit based intervention tries to fix the child as opposed to working on outcomes based on where the child and family are at.; We need more training.;

I found the process an idealized one that would be difficult to implement in regard to the IFSP, securing provision of services and utilizing the KIDS system. There were significant chunks of information missing in order to move current participants/providers into the family centered mode of operation specifically building cross-disciplinary process, team building, etc.;

This was fantastic material. Having practiced in another state where we were able to implement many of these ideas in early intervention, it's been frustrating to face so many barriers in NY. It was refreshing and encouraging to see some creative problem solving to these barriers. We still have a long road ahead of us both at the agency level and the county level! Thank you very much for this workshop!;
Theoretically system could work, however in practical application many of the therapists are trained in the "fix it" approach and those individuals need a lot more training in family centered outcome based systems.

BEST COPY AVAILABLE

County needs work to standardize evaluation, service provision and service providers caseloads and contact with EI children.; An increase in some reimbursement rates will be necessary to allow agencies to be more team and family friendly.; Need additional training on EI system.; Mary Beth Bruder makes the conference very worth while.; Evaluation form is better - more specific. Final discussion was terrific! I liked the chance to meet and mix with providers.; Overheads were blurry, too small to read, an overall ineffective visual aid. Could have been condensed to one day.; Blurb on workshop was misleading. Expectation was to learn about evaluation and assessments. Instead we heard about changing mindset of evaluators and providers.;

I had a difficult time with parts of this presentation. I was looking for best practices for Evals/provision of services. Basically we are doing this but in different ways.; Use of transparencies was ineffective and very frustrating. The functional outcomes assessment grid should have been available here. Either include forms, outlines, diagrams, etc. in the packet or have overheads clear enough to view and with sufficient time to copy. Dept. of Health should sponsor a workshop on the functional outcomes assessment grid.; Would like to have more specific examples of evaluation tools and how they can be used across disciplines. I found the information on outcomes useful but really see it as the next step after evaluations.;

Presentation was hampered for outcome-based assessment. Visuals often poorly related to content. Frequently out of focus, hard to read, too small. Discussion and answers to questions frequently too digressive and not to the point. It took one hour to answer a single question yesterday. Groups were too big. Makes it difficult to hear others and also was a problem if you disagreed with initial outcome recommendation because this is what was carried through. Theoretical base is ok but this was misleadingly advertised. State of NY Regulations were on table with packets and never even addressed. I would give this presentation and conference poor marks due to disorganization, poor use of visuals (told at one point to just write to Temple University), poor grouping and of little or no help in helping me meet or understand state regulations. I am supposed to go back to my agency and make sure what I do conforms to state regs. How can I do this when it was never addressed until the very end of the last day.;

Presentation was disorganized. Groups were to big and fragmented. Work of groups should have been done in more consolidated way. I would have preferred to have more information presented and handouts should match and visuals should be readable. I would have preferred some information on evaluation interpretation and regs.; Less scenarios - go in depth with one or two step discovering outcomes, objectives, services, etc... Follow one case from beginning to end as it would occur pertaining to all of us.; Handouts that consistently match the presentation and are easy to access. Certain aspects of the training could have been covered in less time. Provided many new ways to view outcomes, programming, strategies, treatment planning, etc.;

I felt the material and group activities were at an elementary level. I think the initial description of the training was misleading. I did not agree with much of the presentation.; Some of the overheads would have been better as hand outs rather than being put up and taken down, over and over. No real time for notes and it would have been good for reference. Clearer instructions and less waffling on how to go about case study exercises.; Would have liked to see more examples and discussion on consultation, role sharing, specific assessment measures and tools.;

Information in brochure was misleading, not exactly what was presented. Visual aids were poor at times, not focused or too small. Questions were not directly answered and I felt you were left to make your own decision on the answer. I am also very disappointed that the New York State Regulations were not discussed at all. How are we as evaluators and service providers suppose to comply when we have not been properly trained at a conference, until the very end.; Dr. Bruder is very good at encouraging participation which enhances integration and learning of materials.;

I had previously perceived the terms "outcomes" and "objective" as being fairly synonymous and interchangeable. I now see them as having a definite working difference of use. Thank you for that clarification. The program generally helped to make the intent and design of early intervention more meaningful to me.; There could have been fewer case studies. It was difficult to remember each case.; Too much time was spent presenting individual cases to the group. One or two examples would have been sufficient with more time spent in individual group discussion.;

Concepts were very idealistic, not "reality based". The process presented requires time investment in which NYS does not allow sufficient reimbursement to make it "realistic" for programs to practice.; Being a parent of a special needs child (I'm also a Service Coordinator) - it's nice to see this being family oriented and how that child is placed in that family as the main outcome. Handouts would help the visual learners to put notes on hands out, etc.;

Overheads used by Mary Beth Bruder would have been extremely helpful as handouts - unable to read them due to size and short amount of time up as overheads.; Would have liked more information on evaluation process-core/sup. evaluations.

Evaluation Training
Evaluation Summary
Rochester - June 5&6, 1995

Number Registered: 101
Number Attended: 86
Number of Evals: 40

	LOW				HIGH
1. The presentations were clear:					
Outcome-Based Assessment	0	2	15	16	4
Natural Environment	0	1	9	19	8
2. The presentations were well organized:					
Outcome-Based Assessment	0	2	9	16	9
Natural Environment	0	2	5	20	10
3. The presenters were responsive to participant questions:					
Outcome-Based Assessment	0	2	10	14	11
Natural Environment	1	1	8	14	12
4. Information presented was sufficient to meet workshop objective:					
Outcome-Based Assessment	2	1	15	13	5
Natural Environment	2	1	11	13	8

OTHER COMMENTS: It might be helpful to get some input from the audience about what they wanted from the training, i.e. what would be helpful to them. It would be helpful to be able to read overheads or have them as handouts in our packets especially when so much lecturing is happening-not everyone learns auditorially. I liked group activities. Food and atmosphere were much better this year. I liked the idea of eval and IFSP done initially and would have liked to see a written example of this model.;

Too much time/focus was spent on outcomes and objects which are basic components of our program. We have been performing this portion of the IFSP for a long time. More information is needed regarding service delivery/options and the problems or frustration that service providers are currently dealing with. This information was very basic for early intervention professionals currently working in this system. It was nice to hear that we are doing a lot of the "right things". ;

Second day overheads were rushed but excellent material both days.; Very fast paced - sometimes too much. It would have been helpful to know in advance a little more about what would be covered since as presenters said evaluation can have more than one meaning.; Understanding concepts, i.e. outcome objectives, method strategies. It may have helped by using each counties IFSP forms so we would be clear where to apply the information.;

Workshop objective met, though I felt that Monroe County is doing much of this (if not all!). So you have confirmed our process and procedures, clarified several points (eval vs. assessment) but maybe not provided much new information.; Too much time wasted on examples. Could have moved the presentation on outcomes at a quicker pace. Loved the routine/environment based plan for intervention planning! Great hands-on/active participation activities. Would have liked some of the overheads in hand-out form.;

Good for beginners to help delineate (clearly) processes. For those of us who have been striving for functional/environment services to families, it was a little too basic and redundant. We're already sold on these methodologies and have been attempting to integrate them in our program. The use of workgroup tasks helped "break up" the sessions well and provided feedback.; Too much time was wasted on examples - there were some great overheads which were not included in handouts, ie: activity plan. I don't think the presentation was well rooted in the realities of the diverse populations we work with.;

How about incorporating some face to face to video examples with families. It would be nice to know feedback from a parent driven perspective. Suggestion also EI has been going on for almost two years. What if there was some focus on "support for those of us in the trenches". We need some county relief!!! The last two days were quality training but we need to develop a variety of creative ways to keep us working collaboratively.; It was difficult to fairly evaluate as I only attended the second day.;

Perhaps NYSDOH could set up a workshop that would be discipline specific. We would be able to share methods/techniques that have been successful. I have found that when specific disciplines are brought together, I leave with alot more useful information. You should probably have had copies of all overheads included in our packets. Mary Beth spoke to fast, in too much of a hurry.; I would have appreicated an opportunity for more questions. I would have appreciated someone addressing the fiscal barriers. It seems philosophically we are broadening but fiscally becoming more constrained.;

Entirely too much time to deliver what was essentially a few basic points. It is important to propose and advocate a model that respects the intent of the law-to foster the development of children with developmental disabilities. There is a danger in "throwing the baby out with the bath water."; NY State needs to consider scheduling services in months other than prime transition months (May-June).; Too many case studies!

BEST COPY AVAILABLE

Evaluation Summary
Evaluation Training
NYC - July 27-28, 1995

Number of Registrants:	71
Number of Attendees:	71
Number of Evaluations:	28

PLEASE CIRCLE	LOW 1	2	3	4	HIGH 5
1. The presentations were clear:					
Outcome-Based Assessment	0	3	2	11	10
Natural Environment	0	1	1	13	10
2. The presentations were well organized:					
Outcome-Based Assessment	1	1	4	9	11
Natural Environment	0	0	4	11	10
3. The presenters were responsive to participant questions:					
Outcome-Based Assessment	0	2	4	6	14
Natural Environment	0	1	4	5	14
4. Information presented was sufficient to meet workshop objective:					
Outcome-Based Assessment	0	4	1	12	8
Natural Environment	0	1	3	11	10

OTHER COMMENTS: A lot of information and a huge paradigm shift for most all of the providers in NY area - as an EIOD - more cross training would be helpful.; It is very important that initial service coordinators receive this training.; Training should be extended to more service coordinators and providers. Overall I found the training very helpful and most important, I can apply the information to my job.; The whole workshop was very good and integrated theory with practice to make everything clear and understandable and able to be used. I would appreciate more of the same, perhaps broken down into service coordinator, etc.; The room was problematic. The air conditioning was not on and their was not good lighting.; I enjoyed the workshops and discussions with colleagues - however I did perceive that you were suggesting supplementing regular services in order to meet child's total needs within the environment.;

Insistence that more providers and service coordinators come to the sessions. Counterproductive when only one group comes.; The natural environment presentation was well presented. Their should have been information given on other forms of center-based environments besides day care centers or head-start. The Outcome-based assessment presentation was very unfocused and unclear. There should have been more mechanisms and vehicles as to which one can make this assessment.; Presenters provided interesting and I believe useful approached to identifying objectives for the family. Methods of extracting information and establishing a rapport that allowed for free flow of personal issues were very helpful.;

A suggestion for future trainings would be to invite providers and evaluators. At another time, invite all participants-Early Intervention staff, initial service coordinators, evaluators, providers, etc.; The facility was not the best but the training was wonderful.; I think the lecture part of presentation was overly relied upon on 7/27. The more active learning method of 7/28 was stimulating and thought provoking. Some of the techniques and suggestions are overly idealistic. However, I definitely come away with a reminder to listen closely to parents, to help them discover community resources rather than solely recommended services.; More evaluators and service providers need to hear what was said. The philosophy presented is so different from the current reality in NYC. Much more education is needed. Better overheads is needed. The distortion at bottom of screen was problematic. Also the size of the print should be increased for those at back of room. Possibly you could re-think the title of workshop and description - I have a very different expectation of an "Evaluation Training" (thought it would be more clinical) though I was not disappointed. I just am sorry that more evaluators were not here.;

I found the material valuable. Much of it looked like what I had been using back in 1987-1989 in Mass. So it's frustrating to try to make things work in NYC, where we are so behind, in terms of family-directed, community-oriented EI, moving away from the paternalistic, medically oriented model in NYC that is so provider-driven. I feel that we need support and direction from the state so that we can begin the process of evolution.; Please find a different location for future trainings. Interesting presentations but I'm still unclear about moving this from theory to practice. Service Coordinators and providers need to be more of a part of this training.;

Very well organized and presented. Limited time for discussion or questions, but we do enough of that already. Powerful ideas - but an important audience was missing - service coordinators, evaluators, etc.; I would have liked the presenters to talk more about the evaluations and what is the appropriate way they should be done. I would have liked to see that MHRA service coordinators here as they could really use this training.; I was very pleased to have the social work perspective of EIP reinforced. I found the family centered perspective to be relevant and clear. In NYS, we have been hit with too many budget cuts with our new administration. I believe in the back of their minds, many professionals at this conference were concerned however that the "returning services to the community" is a forewarning of the impending budgetary results.;

Both facilitators presented well and had a wealth of information to share however, my needs were best served interactively. Lunch left a lot to be desired.; The workshops were beneficial in that they redirected attention to family centeredness and the role of natural environments or the role community resources play in reinforcing the family centeredness of the early intervention program.; The environment was not conducive to attending! The training did not meet my needs, as an administrator. The speakers although obviously knowledgeable were very single-minded and condescending to the audience and negated anyone's experience or observations which contradict their viewpoints. Concepts presented were not news to me - "functional curriculum" in "natural settings" and use of "accommodations" has been best practices in Special Education for 20 years.;

The trainings were pedantic, over-academic and geared for beginners. I felt it was a waste of my time and I became increasingly hostile to the style of presentation.; Unless there is a clear outline of the next presentation with more sophisticated education, I do not plan to attend any more programs.

New York State Department of Health
Evaluation Summary
Evaluation Training
SYRACUSE- AUGUST 24-25, 1995

Number Registered:	**118**
Number Attended:	**89**
Number of Evals:	**49**

PLEASE CIRCLE	LOW				HIGH
1. The presentations were clear:					
Outcome-Based Assessment	1	1	16	19	12
Natural Environment	1	1	14	19	14
2. The presentations were well organized:					
Outcome-Based Assessment	2	2	15	15	15
Natural Environment	1	2	15	15	15
3. The presenters were responsive to participant questions:					
Outcome-Based Assessment	1	6	5	13	24
Natural Environment	0	4	7	12	25
4. Information presented was sufficient to meet workshop objective:					
Outcome-Based Assessment	2	6	13	14	14
Natural Environment	2	6	11	15	15

OTHER COMMENTS: It would have been nice to see our IFSP process, from your city, in action. To actually see the report writing process during the meeting. Some of us are visual learners who need that extra "sensory input" in order to learn more holistically. In addition, having us "do" the actual report writing in 30 minutes or so would have been an essential empirical activity to learn to be more efficient.;

First day was disjointed. Too many breaks, not enough content. Could incorporate more problem-solving around barriers to outcome-based programming. Less conversation about Penn. because it's to different from NYS. Less group activity. Group was much too large! Interaction was monopolized by a few people; others appeared to fade in the background.;

Assessments were explained but demonstration would have been helpful. The information seemed overly broad for a two day workshop. Hands on assessment training would have been more helpful.; Speakers were excellent and highly qualified. Coolness in room a problem on the first day.;

I felt that this was an excellent workshop. The presenters were highly qualified and knowledgeable. I needed a clearer example of the assessment process possibly by means of a video sample. I would have liked to see an actual evaluation done in the way suggested during the workshop.

I think this was a lot of propaganda! Where is the research to back up the ideas presented here!; The presenters did not stick to the schedule very well.; It was helpful that there was a representative from Dept. of Health to clarify issues.; I felt quite a bit of time was spent on trying to get across the same idea 0 the material could have been condensed. The setting was conducive to learning.; I don't feel that any new information was presented - very redundant and very low-level.;

Pip spoke too long. There were to many case studies. I feel nothing was done in order or done very clearly. I had high expectation of what I would get out of this (per haps a bad day). More workshops should focus on a new approach to EI and have a more team approach. To many activities - things weren't consistent with outcomes/objectives. Objectives were to broad. Too much time wasted.

I was disappointed with this workshop. I felt that because the presenters were from different states that the way they followed the regulations is different from New York. Outcome based assessments seemed more like IEP's than IFSP's. Some of the ideas were good but not well presented - the time was not well planned, too much time wasted. This seemed like a college course taught in two days. Anyone with a special education background has already heard this.;

The emphasis was so general it didn't address the difficulties of serving children. It glossed over difficulties with inclusion and downplayed clinical knowledge. The overall tone was put the child in natural settings and the child will be okay. Pip talked to fast.; would like to have seen the actual format used for evals and IFSP;

Very poor speaker, extremely verbose, loud, harsh voice, no modulation - very difficult to listen to. Points lost in verbiage, talks as people, questions not answered.

New York State Department of Health
Evaluation Summary
Evaluation Training
Glens Falls - September 7 &8, 1995

Number Registered: 104
Number Attended: 72
Number of Evaluations: 31

PLEASE CIRCLE		LOW			HIGH
1. The presentations were clear:					
Outcome-Based Assessment	0	0	3	16	5
Natural Environment	0	3	4	15	3
2. The presentations were well organized:					
Outcome-Based Assessment	0	1	2	16	8
Natural Environment	0	3	2	15	5
3. The presenters were responsive to participant questions:					
Outcome-Based Assessment	1	0	2	13	11
Natural Environment	2	0	2	14	7
4. Information presented was sufficient to meet workshop objective:					
Outcome-Based Assessment	0	3	3	12	9
Natural Environment	0	3	2	11	9

OTHER COMMENTS: Mary Beth was wonderful. Her information was clear and concise. Outcome based assessment portion was very helpful and interesting! Natural environment portion got repetitive and did not need to be quite so long. Mary Beth Bruder was excellent! Registration needs confirmation - along with agenda of the day. Care needs to be given that opinions of presenters does not override the discussions. A more detailed explanation of the workshop needed to be provided so that appropriate staff from our program could have attended. Program was too elementary to hold interest.

I can always use more information on the evaluation process as far as assessment tools etc.. I hear an awful lot on the IFSP process, which has been very helpful but I want more information. on best practices with evaluation across the development domains. We are operating in LRE's throughout our county. We provide EI services all over in various sites: Ex- daycare's, hospitals, homes, clinics, etc., and we empower our families to be a player in the whole EI process. It was a good review for us, but we are much further ahead of the group. The next training you should survey your population that you plan to serve and adjust your presentations according to the whole group or break into separate groups to meet their needs. Mary Beth did a great job as usual!

The morning was informative. Mary Beth did a decent job. Afternoons were very middle class based. 80% of our clientele are below poverty level. Discussions and ideas on how to empower families at risk would have been helpful. Disappointed in the totally middle class viewpoint of the afternoon presenter. Funding/ payment - more discussion to creatively use money available (team meetings, IFSP). If not paid, some professionals are unable to attend. This was one of the best presented conferences I have attended.

On objectives sheet it seems that we covered the agenda written. Number 3 however, I don't recall talking about a "variety of assessment measures". Perhaps this refers to the on going process of meeting the child/families needs via various strategies. We haven't talked about number 5 yet. Perhaps this comes later. I thought that these topics were helpful, however could have been covered more concisely and therefore we would have had time to cover the confusing aspects of the EI system that it appears that service delivery agencies struggle with. It appeared to me that many felt this was redundant material. Thank you for your consideration and time.

The presenter from Philadelphia did not need as much augmentation via microphone - It made her voice harsh and difficult to listen to. I think that the entire training helped focus more on parent outcomes as well as defining more specifically how these are reached - particularly using "normal" day routines to facilitate these objectives. Refresher sessions very helpful on keeping EI persons on track and family focused. Thanks to your efforts. Thanks for handouts and as an "old" timer some talk was elementary. I always learn a lot from these conferences and training and also from each other - small groups.

This workshop was helpful in that it reinforced many of the things we are already doing, and areas we are working on - resources. We thought the presentation would give more information on evaluations. Ex - evaluation tools, types of evaluations, etc. Thank you for lunch!! I would have liked more information in specific evaluation tools. The information presented was good and informative however I thought this training would concentrate more on the tools used. Overall the training was helpful. I will be making changes in our current IFSP to reflect some of the new information that we learned. It was nice to break up into small groups for brainstorming. Its a nice experience to brainstorm in small groups about resources in the community. Sometimes people get into a mindframe and don't look at different options. Nice job! Information was relevant to what we are experiencing in our agency. It will help us focus on what families need. I will start giving parents a list of community resources on initial visit.

Material covered was useful but I was hoping for more information on evaluation tools. Perhaps State Health can do more concentration on specific county issues and regional concerns. Notification of course/training confirmation would greatly be appreciated. It might be useful for State Health to promote more individualized training to specific counties in order to pull together professionals in one area to brainstorm within their own resources to encourage new ways to deliver services.

New York State Department of Health
Evaluation Summary
Evaluation Training
Syracuse, September 14 & 15, 1995

Number Registered: 107
Number Attended: 50
Number Evaluations: 39

PLEASE CIRCLE	LOW 1	2	3	4	HIGH 5
1. The presentations were clear:					
Outcome-Based Assessment	3	2	5	19	9
Natural Environment	0	1	9	15	11
2. The presentations were well organized:					
Outcome-Based Assessment	3	4	3	17	11
Natural Environment	0	2	6	19	11
3. The presenters were responsive to participant questions:					
Outcome-Based Assessment	2	3	4	14	15
Natural Environment	0	1	4	15	16
4. Information presented was sufficient to meet workshop objective:					
Outcome-Based Assessment	4	3	6	13	9
Natural Environment	0	3	8	13	10

OTHER COMMENTS: I didn't feel that the information presented was very helpful. It was primarily information already known and utilized by participants.; While this training offered a nice discussion of effective service delivery, not enough time was spent on the determination of eligible providers and Suffolk county have repeatedly clashed on this issue . Once eligibility has been determined, IFSP development has been reasonably successful.; Would have liked more information on alternative methods of providing services and integrating different services.; The hands on activities were enjoyable and useful. Name tags may have encouraged more "mingling" and networking with new people.; Too redundant.; Presentations may be more helpful if trainers work and plan ahead with Suffolk county personnel and providers of service to better define training needs.; Very informative - enjoyed meeting other contractors - nice lunch - conference room was very cold.; I wanted information and guidance on addressing cultural diversity and resources for bi-lingual services.

1-Providers (Nassau County) must participate in these training's. Conflicts between DOH and providers is not that EI is a family oriented program. The real problems are economical for certain providers. They need to push a "program" for the child in order to get the amount of money to keep their school open. Pushing a "program", they do not take in consideration parents concerns.
2-I am 100% in agreement that EIP should be a family oriented model. Besides trainings NYSDOH needs to deal with certain issues that is not allowing the above to happen (at an administrative level).
3-Nassau county - families of low income - a lot of therapists do not want to go to low income neighborhoods. The quality of services for these families sometimes are poor...and with not too many choices. These are the families who most need and it seems that EIP do not know what to

do with this issue. At the present time, I believe that this is one of the weaknesses of the early intervention and a strength for the old model = central based. A school bus goes anywhere...a clinician doesn't...

4-For future training's:

-What is a bilingual evaluation and a bilingual evaluator?

-When we are working with a non-American family - helping us to re-evaluate our feelings, values, prejudices.

For administrators:

- How to establish a structure in the EIP program that facilitate all kind of children (any cultural or any socio-economic background) will receive services.

A lot is repetitive from other workshops - not enough "providers" of services attended. Diverse or a difference of opinion or philosophy existed in group should be to total group. Case studies should be 1 - then input from all would illustrate the differences.; Workshop was very good, however I don't feel I learned anything new. This was a wonderful reminder. Unfortunately it should be mandatory for all providers to attend because I feel they would learn a lot.; Good presentation of material, good info. or importance of natural environment - Disappointed that evaluators and providers contracted under EI were not mandated to attend seminar. Most service coordinators are familiar with seminar concepts - it is hard to make changes in EI without other key professionals learning EI foundation.;

It is of the utmost importance to involve more evaluators from Nassau County in these workshops. Although they are "invited", few agencies are ever represented. Perhaps the state and/or individual county contracts can require attendance. These workshops are perfect forums for collaboration between service coordinators and evaluators (most of whom are also providers). Together we can make Early Intervention work. The workshops held on Thursday truly did not provide any information to us that we didn't already know. Many of those in attendance have been in the field for years. We've been trained to write outcomes that reflect parents' concerns, incorporating the strengths of the family. Without cooperation from the evaluators, it becomes quite difficult to formulate appropriate IFSP's without confusing or upsetting the family. The speaker from Pennsylvania was informative well prepared etc. Evaluators need to hear this information! Fridays exchange of community resources was good but not much more elaborative than Newsday's Fun Day Booklet published annually. As service coordinators we need specifics (ex - what is realistically available for the birth - 3 yrs. population).

The workshop on Thursday was a waste of time and provided no information I didn't already know. Many of us have either been to other training's or worked in this field for years. We've already been trained to write outcomes and use familiar scenarios. IFSP's are different % corporation from evaluators. The Penn. speaker was great; evaluators need this info. Fridays communication resource was all right but we need realistic programs many mentioned weren't appropriate for our age group . It's important that evaluators from Nassau be at these workshops, though "invited" they rarely are attending, or send very few people. It would have been better if they'd be into attending and then we could really air out collaboration ideas. Most evaluators are also providers. Perhaps the State, County, individual contracts can mandate them to attend these workshops. We had to come and I believe unfortunately it has been a waste of two days. If eval/ind. had attended it may have been worth it .

The first day's topics was difficult to become involved in.; The room was extremely cold causing great discomfort.; Sessions tend to be repetitive.; The presentation/workshop was very good as well as helpful. But there is a missing element in who attends the meetings. Evaluators are essential to the implementation of this new paradigm and should be mandated to attend these training's along with service coordinators and parents. Thank you for all the obvious hard work!

Phillipa Campbell was great! She covered many areas and the video tapes were wonderful. Breaking into small groups to discuss and brainstorm was also very effective. Mary Beth Bruder was excellent too. I commends the state DOH for attempting to train EI across the state on their matters/suggestions. More training sessions geared specifically for:

-service coordinators
-providers
-evaluation teams

Break it up more to target specific areas. Conference on Administrative matters: Contracts/billings, Insurance/liability aspects when administering under this state - funded program. Also - staffing and recruiting! We need more evaluators and providers in EI (especially in Nassau County).

After working in the field of early childhood for 6+ years, much of the workshop was repetitious. However, it did reiterate my own philosophy and beliefs of home/natural environments. The evaluators in Nassau County should be mandated to attend these training sessions so they will not try and force their programs down the parents throats.; Mary Beth was fine and did very well. Pip's was a very disorganized presentation. Pip Campbell gave an extremely negative view towards teams. She gave conflicting and contradictory information. Some of her statements were in direct conflict with state and federal law. I was very disappointed.; It was very helpful to brainstorm about community resources and support systems. I did learn some new ideas and programs.

New York State Department of Health
Evaluation Summary
Evaluation Training
White Plains - September 28 & 29, 1995

Number Registered: 115
Number Attended: 50
Number Evaluations: 26

PLEASE CIRCLE	LOW				HIGH
	1	2	3	4	5
1. The presentations were clear:					
Outcome-Based Assessment	1	0	3	11	9
Natural Environment	1	0	5	5	10
2. The presentations were well organized:					
Outcome-Based Assessment	0	0	7	9	8
Natural Environment	1	0	6	6	8
3. The presenters were responsive to participant questions:					
Outcome-Based Assessment	0	0	5	8	9
Natural Environment	1	0	5	6	9
4. Information presented was sufficient to meet workshop objective:					
Outcome-Based Assessment	0	4	7	8	5
Natural Environment	1	2	6	6	5

OTHER COMMENTS: It would be helpful to have confirmations of conference dates and times mailed out prior to meeting. Possible helpful topics for future meeting: 1)providing services safely in high crime areas. 2)providing services to children with behavior problems and dealing with them appropriately during sessions.; It was very difficult to condense two days of material into one day, however, the presenters did a fine job overall. Ms. Bruder didn't have sufficient time to expand on using community resources. Had the presenters had enough time their presentations would have been much better.; I don't think the 1 day workshop was sufficient. Not enough was presented.; Workshops like this should be offer and programming more often. ; The conference was originally scheduled for two days, however a mix up in dates made cancellations unnecessary for most people.

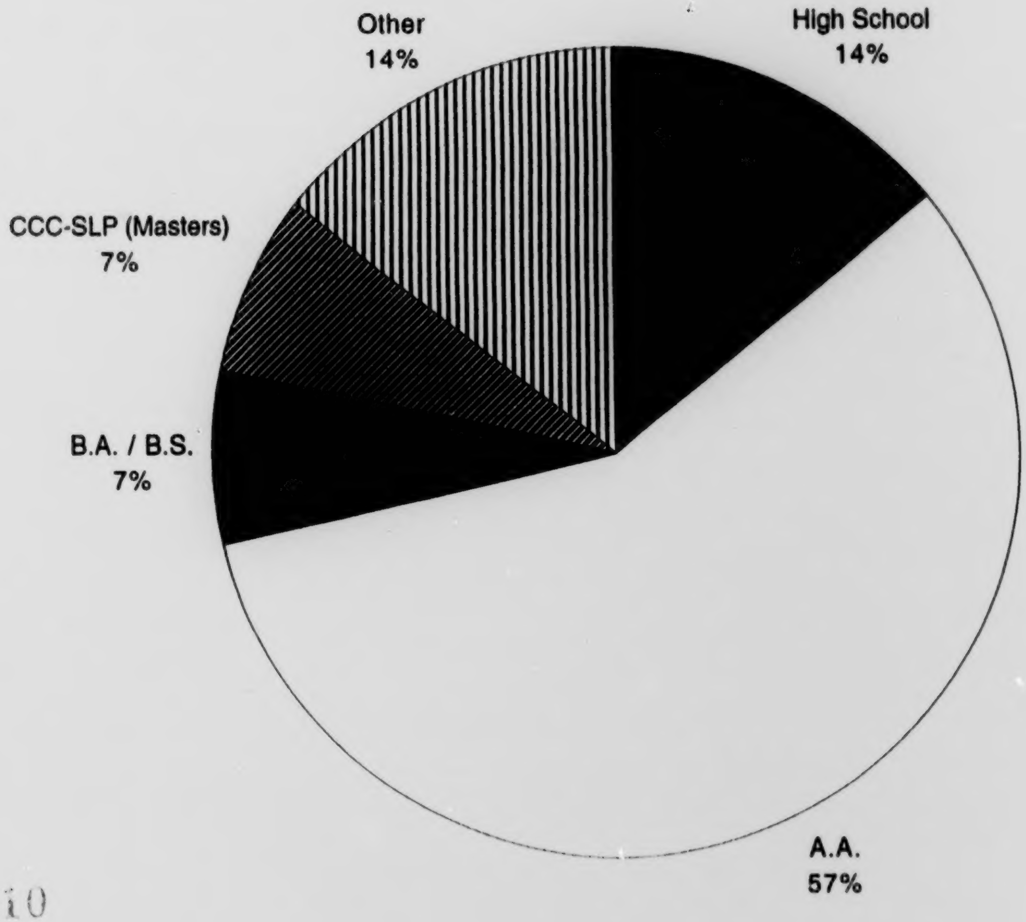
My concern is that training does not go one step further - we have very simply named community resources - yet, their is no training on how to make these resources accessible to the children and families we are working with. Ex- how do I take my autistic 2 year old food shopping with me? Our staff would love to address these issues – tell us how to!!! I resent the "racist" comment. I am a social worker who has been making home visits for numerous years. I am not a "racist". There are certain corners, buildings, and neighborhoods where bullets frequently fly, and drugs are actively sold, used etc. It is statistically less safe. Please help us deal with these real issues! Thank you the rest of the training was helpful, yet extremely role and basic.

The work shop was rushed; it should have been two days. It was really a waste of time.; Very noisy environment for people in the back of the room.; Assessment portion - very general overview. Not specific to theory (discipline). One day was not enough time to go into all the information on EI especially given the fact that there were so many disciplines represented who were at varying levels.; The hotel was very run down - especially the bathrooms. Handouts appear to be helpful.; Doesn't address realities.; It was unfortunate that we didn't have the second day. There was a lot of information and questions and answers to be covered.; Unfortunately due to miscommunication the course was only for one day. So I felt we missed out on a lot of outcome - based assessment - which we could have spent more time on. Need more training on outcome based assessment.; I'm sorry there was a date confusion for telescoping two days into one does not make a satisfying package. There were other administrative problems - I got no confirmation or pre-registration which was very early (April 1995) so I was unsure whether there was really a program - I came on faith. The presenters were excellent and their material very important but they were hampered and the attendees cheated.

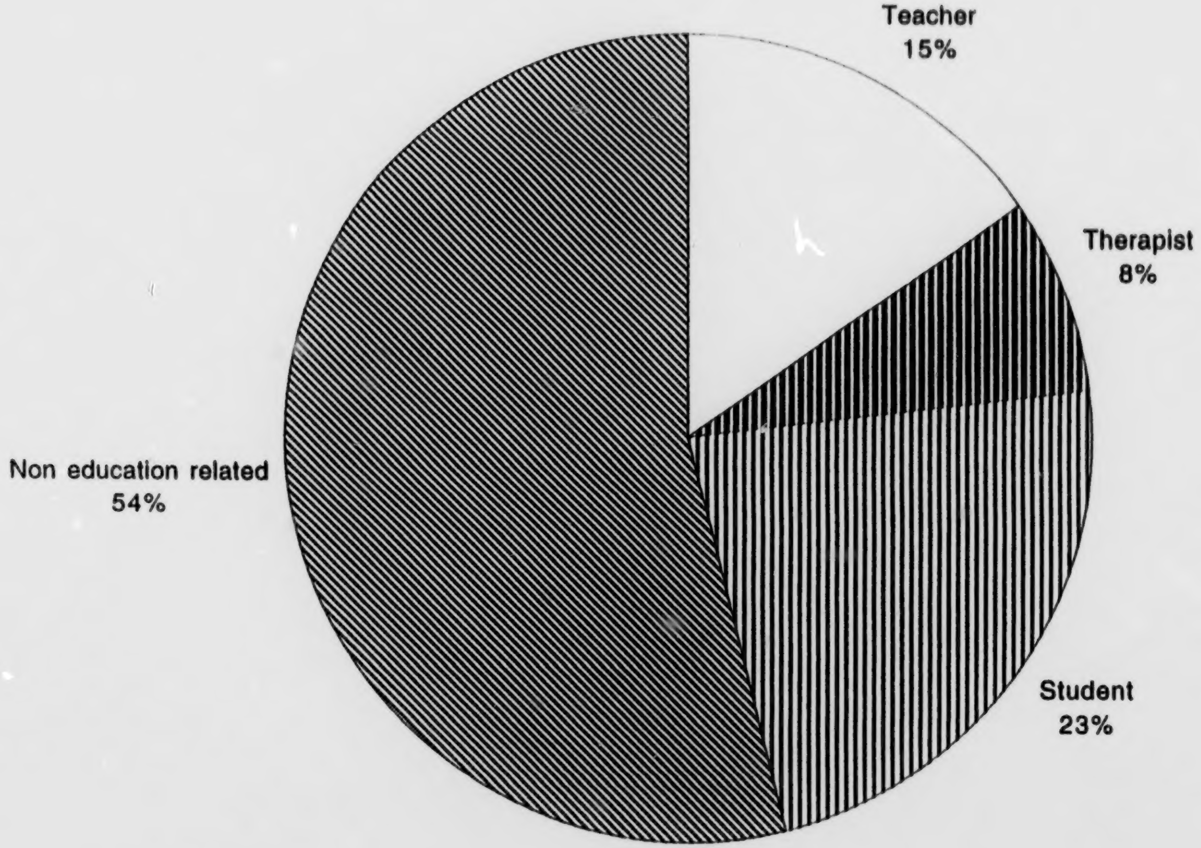
I was annoyed that the workshop had to be squeezed into 1 day because presenters were given wrong dates. I would like more workshop training in "how to" work in neighborhoods which are considered "unsafe" such as NYC and the Bronx. More workshops specific to sensory integration, feeding issues, cultural issues in 0-3 population. Clarity on funding 1 state of EI , now, this year, 95.; It would be helpful to have confirmations of conference dates and times mailed out prior to meeting. Possible helpful topics for future meetings: Providing services safely in high crime areas, Providing services to children with behavior problems and dealing with them appropriately during sessions.; Overall not too useful, too theoretical. Get down to the real world. Need to concentrate during small group time to assist people. Make instructions clearer. Talk speech too monotone.; Never notified about acceptance for training session. Training canceled for second day. I'm new and needed all the training and focus possible. Looking forward to more training sessions, hopefully in White Plains.;

Presenters very good. However, having done this for 25 years, I know most of it, although a "refresher" is always good. Presenters did not seen responsive to audience concerns that EI rates set up of EI system (collaboration, Coordination, escort service not paid for) do not allow for the presented model to be carried out for the most part. Despite claims that rates contain enough money for all costs to be covered, this is not the case. Because of intensely fragmented nature of service delivery system, getting all therapists to talk/plan together is an overwhelming task. Unless best practices, which is what I think most people in the room want, is realistically hooked up with rates and systems design, some of these training sessions are irrelevant.; Each county could use county specific consultation in how they are implementing the philosophy of EI - we all are doing things differently. I want to hear the pros and cons of the different steps of our process.; I was very disappointed to have such an informative training be so compacted and rushed.; Presenters did well considering 2 day workshop was condensed to 1 day at the last minute. Although The paper work was interesting there was not enough time for useful exchange of information or to address how to apply information that was presented.

PRESCHOOL GRANT PROJECTS MEETING



Education Level of Participants for Workshop 28 Presented at Preschool Grant Project (N=14)



Discipline of Participants for Workshop 28 Presented at Preschool Grant Project (N= 13)

CONSUMER SATISFACTION SUMMARY
SESSION 28

Statement	Agreement with statement (1=strongly disagree; 3=normal; 5=strongly agree) Mean	Standard Deviation	n
Objectives of the training were met.	5.00	.00	14
All topics on the agenda were addressed.	4.93	.27	14
The materials (e.g., readings, overheads) were relevant to the training content.	5.00	.00	14
Adequate illustrations and examples were used during presentations.	5.00	.00	14
Time was well organized.	5.00	.00	14
The information is relevant and can be applied to my work situation.	4.93	.27	14
I feel I now have a better understanding of the subject presented.	5.00	.00	14
The presenters were well organized and prepared.	5.00	.00	14
The presenters were knowledgable in the subject.	5.00	.00	14
The presenters used a variety of activities that corresponded with the content.	5.00	.00	14
The presenters were easy to listen to.	5.00	.00	14
The presenters valued our input.	5.00	.00	14
I found the environment to be comfortable.	5.00	.00	14
There was adequate time for breaks during the training sessions.	4.93	.27	14
The size of the group was appropriate for the sessions.	5.00	.00	14
The location of the training was convenient for me.	4.93	.27	14
The day and time of the training was convenient for me.	4.93	.27	14

RAINBOW CHIMES

Rainbow Chimes, Inc.
Child Care Center

Kathleen Roche, R.N. Executive Director
Laura Ludlam, Associate Director

TEL (516) 261-7673
FAX (516) 261-0602

25 Little Plains Road
Huntington, New York 11743-4529

STATEMENT OF PHILOSOPHY

Rainbow Chimes Inc. was founded to provide a developmentally enriched, safe and nurturing environment for children. In the course of the past ten years, while retaining that dedication, we are expanding our environment to include dependent adults. We remain committed to supplementing family and home care.

To ensure quality care, Rainbow Chimes continually monitors three essential elements of our center: the staff, the facility and the curriculum. We believe that carefully selected, well trained personnel working in a setting specifically designed to implement a proven plan are essential to the successful operation of a Dependent Care Center.

Rainbow Chimes encourages interaction between our center and the community it serves. By sponsoring support groups, conferences, seminars and community parties we offer our services and expertise to anyone requiring it. We also publish a monthly newsletter, The Rainbow Times, to help keep our community informed of center activities.

THE STAFF Our management team possess broad based knowledge of Early Childhood Development and Health Care. Qualified individuals are selected based upon their credentials, experience, and personal commitment. To promote staff enrichment Rainbow Chimes provides extensive on-going training, community and national advocacy.

All staff members continue their professional growth by attending specialized workshops, through in-service training and by access to various outside resources.

THE FACILITY Our learning settings have been carefully designed to promote initiative, self-reliance and competence while fostering cooperation and consideration of others. Extensive consideration is always given to health and safety assurance, and fire prevention standards.

THE CURRICULUM Young children are capable of making decisions and solving problems regarding their personal activities. This is a guiding principle of the High/Scope curriculum which we implement at Rainbow Chimes. With appropriate adaptations High/Scope principles are implemented at all levels of development. High/Scope involves the children in the learning process giving them the opportunity to actively explore, enhancing their natural curiosity. High/Scope classrooms are methodically divided into special interest areas and a daily routine is maintained. The children decide where to focus their efforts and are supported by their teachers.

The foundation of learning in young children is their action in play. Through play, children develop life skills in decision-making, problem solving, and communicating: thereby supporting their ability to become competent, secure, mature adults. The High/Scope Educational Research Foundation in Ypsilanti, Michigan has Endorsed RCI qualified directors to train teachers in the High/Scope Curriculum.

FAMILY AND COMMUNITY INTERACTION Rainbow Chimes has developed various means of promoting bonds between the participants' homes and the center. Daily communications are maintained to convey individual information. Advisory Board meetings are regularly scheduled to promote interaction between our staff and families on issues such as curriculum and policies. An information and referral network with local community service agencies contributes to program enhancements and provides services directly to participants and their families.

RAINBOW CHIMES
Huntington, NY

CREATING INCLUSIVE ENVIRONMENTS: WHERE DO WE BEGIN?

Monday, October 9, 1995

Presented by:

Marie Brand

Project Coordinator, Community Inclusion Project for
Young Children With Disabilities
University of Connecticut

AGENDA

OVERVIEW: WHAT IS INCLUSION?

BENEFITS AND CONCERNS OF INCLUSION

ESTABLISHING A PHILOSOPHY TOWARD INCLUSION

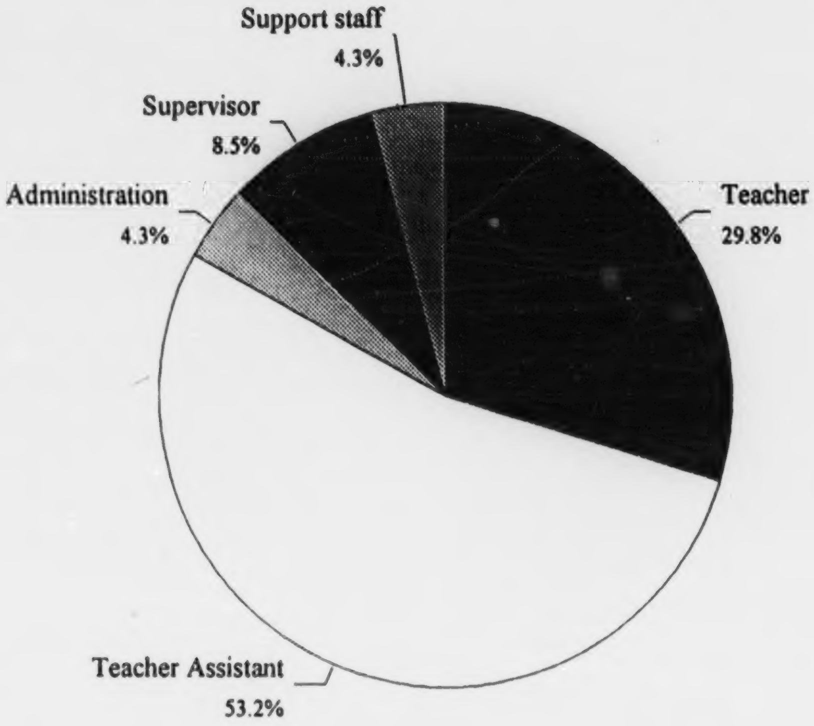
THE IMPORTANCE OF COLLABORATIVE TEAMWORK

CREATING AN APPROPRIATE ENVIRONMENT

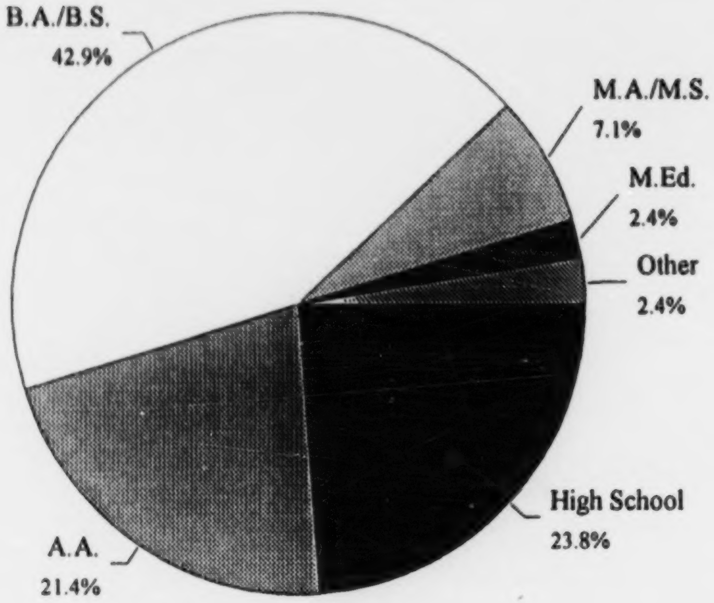
ADAPTING CLASSROOM ACTIVITIES

WHERE DO WE GO FROM HERE?

VIDEO: "Early Childhood At Its Best"



Discipline of Participants Workshop 43 Presented at Rainbow Chimes
(n=47)



Education Level of Participants Workshop 43 Presented at Rainbow Chimes

(n=42;five others did not respond)

CONSUMER SATISFACTION SUMMARY
WORKSHOPS - Session 43

Agreement with statement
(1=strongly disagree; 3=normal;
5=strongly agree)

Statement	Mean	Standard Deviation	n
Objectives of the training were met.	4.80	.41	15
All topics on the agenda were addressed.	4.87	.35	15
The materials (e.g., readings, overheads) were relevant to the training content.	4.87	.35	15
Adequate illustrations and examples were used during presentations.	4.87	.35	15
Time was well organized	5.00	.00	15
The information is relevant and can be applied to my work situation.	5.00	.00	15
I feel I now have a better understanding of the subject presented.	5.00	.00	15
The presenters were well organized and prepared.	5.00	.00	15
The presenters were knowledgeable in the subject.	5.00	.00	15
The presenters used a variety of activities that correspond with the content.	4.93	.26	15
The presenters were easy to listen to.	4.93	.26	15
The presenters valued our input.	5.00	.00	15
I found the environment to be comfortable.	4.53	.52	15
There was adequate time for breaks during the training sessions.	4.40	.51	15
The size of the group was appropriate for the sessions.	4.13	.52	15
The location of the training was convenient for me.	4.40	.51	15
The day and time of the training was convenient for me.	4.47	.52	15

COMBINED WORKSHOP DATA - YEAR 2

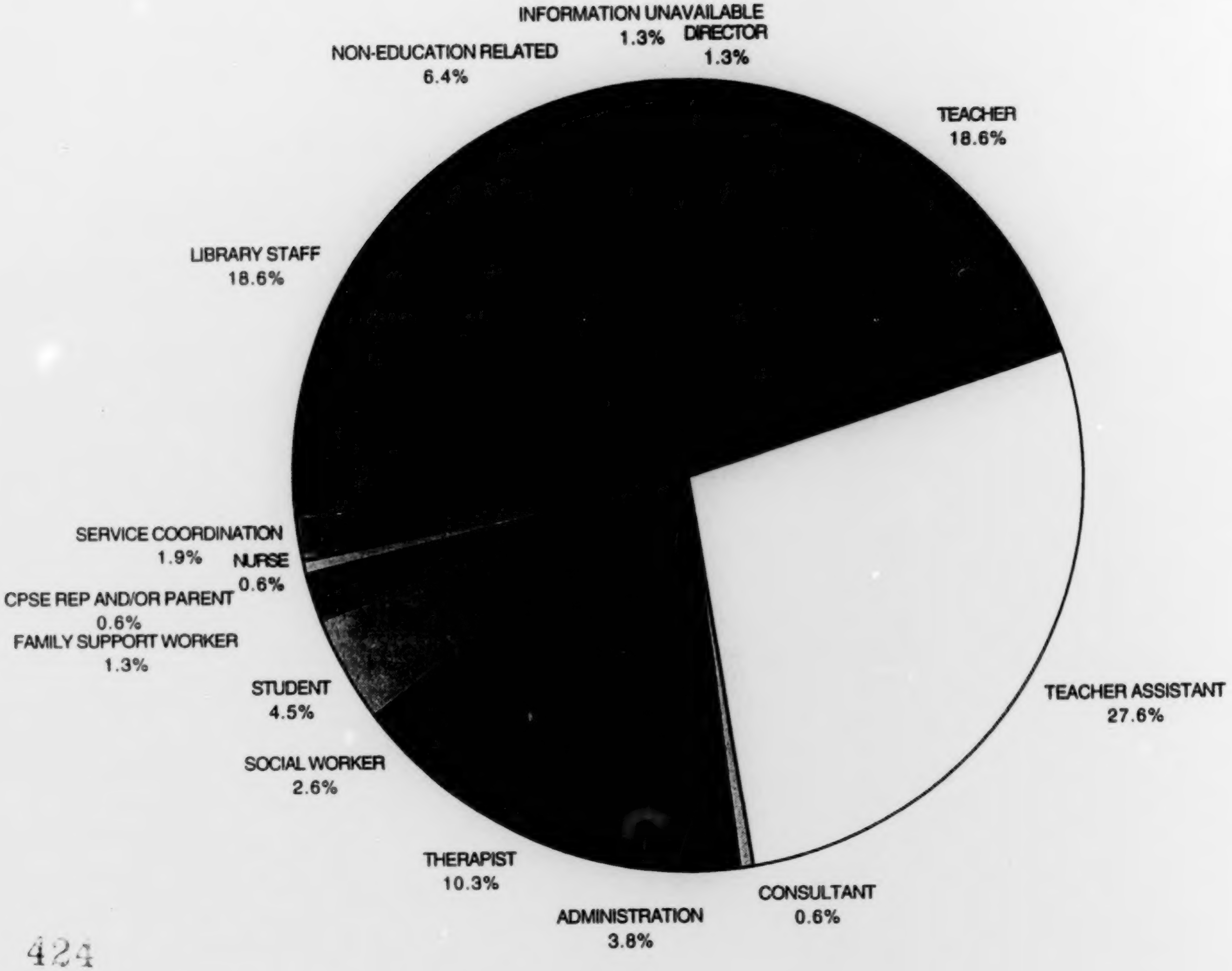


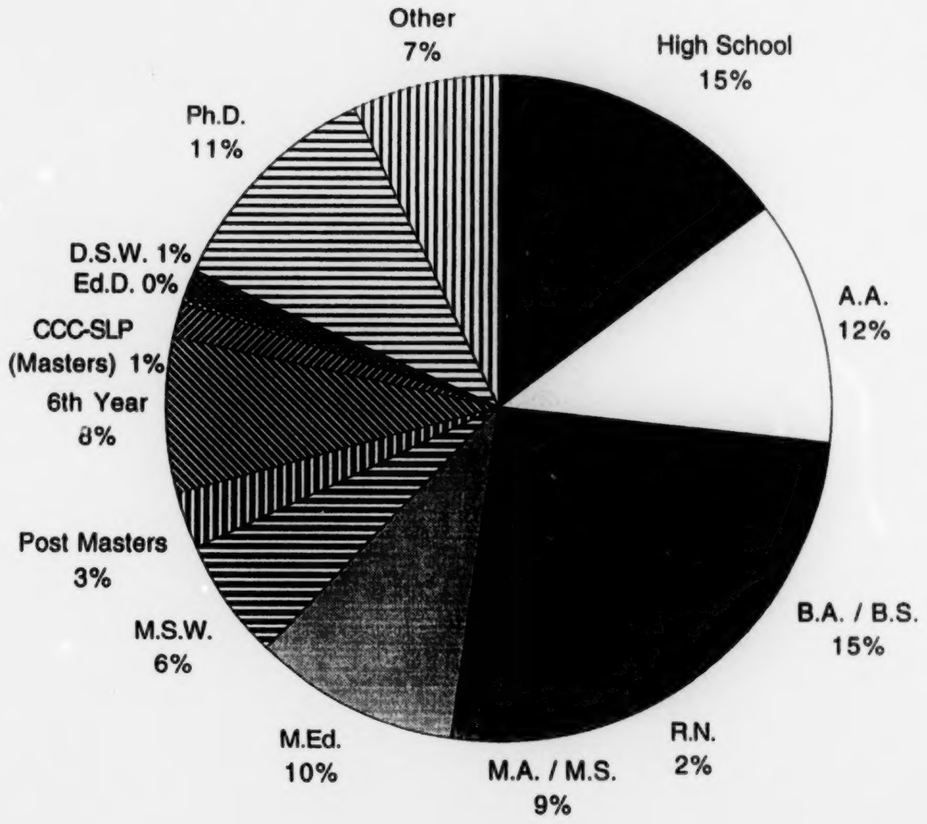
Figure 8: Discipline of Participants for Second Year Workshops (N=156)

CONSUMER SATISFACTION SUMMARY
SECOND YEAR WORKSHOPS

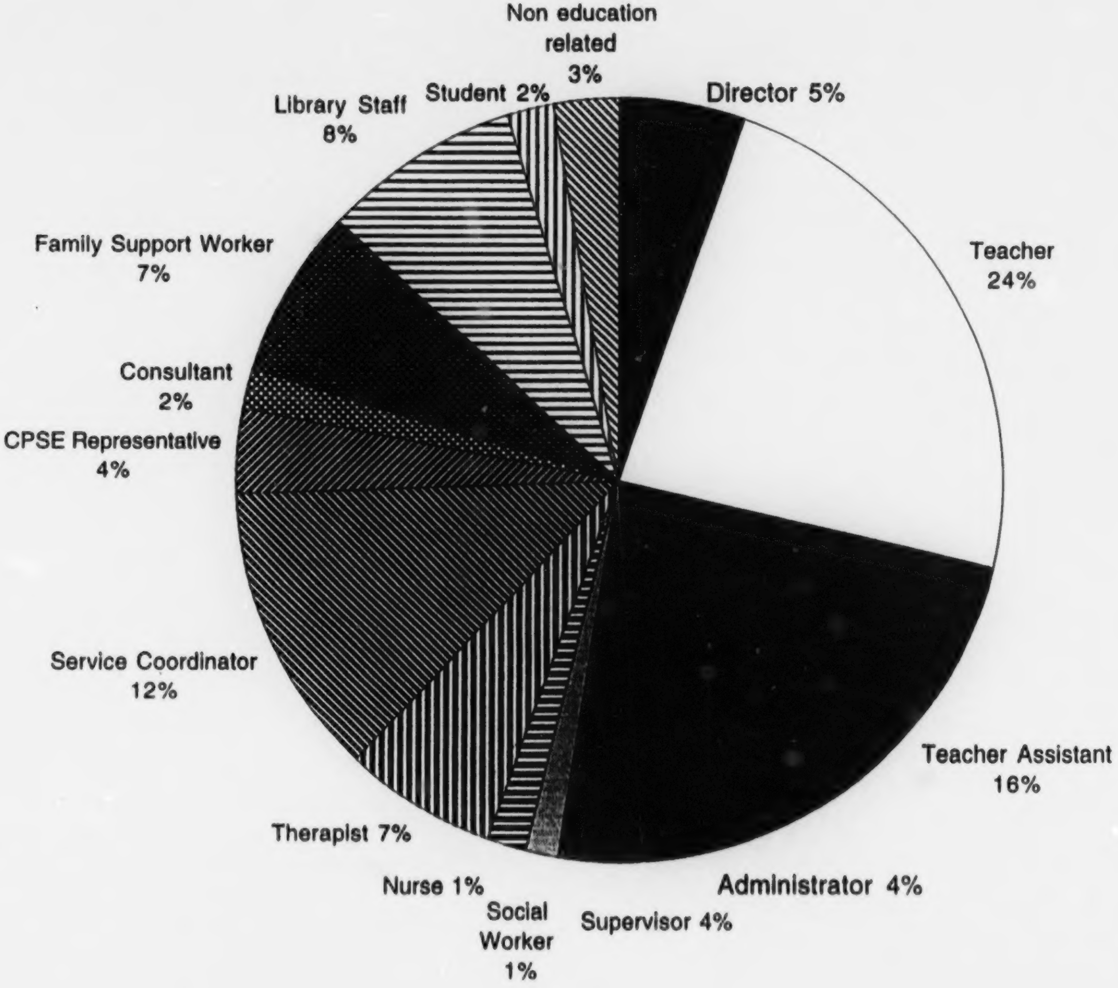
Agreement with statement
(1=strongly disagree; 3=normal;
5=strongly agree)

Statement	Mean	Standard Deviation	n
Objectives of the training were met.	4.58	.77	48
All topics on the agenda were addressed.	4.63	.73	48
The materials (e.g., readings, overheads) were relevant to the training content.	4.69	.72	48
Adequate illustrations and examples were used during presentations.	4.59	.81	49
Time was well organized	4.63	.78	49
The information is relevant and can be applied to my work situation.	4.47	.89	49
I feel I now have a better understanding of the subject presented.	4.62	.76	48
The presenters were well organized and prepared.	4.80	.68	49
The presenters were knowledgeable in the subject.	4.84	.62	49
The presenters used a variety of activities that correspond with the content.	4.61	.81	49
The presenters were easy to listen to.	4.76	.66	49
The presenters valued our input.	4.82	.63	49
I found the environment to be comfortable.	4.61	.76	49
There was adequate time for breaks during the training sessions.	4.57	.85	47
The size of the group was appropriate for the sessions.	4.76	.66	49
The location of the training was convenient for me.	4.49	.92	49
The day and time of the training was convenient for me.	4.61	.76	49

CUMULATIVE WORKSHOP DATA
YEAR 2



Education Level of Participants for All Workshops (N= 341)



Discipline of Participants for All Workshops (N=349)

CONSUMER SATISFACTION SUMMARY
WORKSHOPS

Agreement with statement
(1=strongly disagree; 3=normal;
5=strongly agree)

Statement	Mean	Standard Deviation	n
Objectives of the training were met.	4.50	.76	168
All topics on the agenda were addressed.	4.52	.71	165
The materials (e.g., readings, overheads) were relevant to the training content.	4.65	.73	168
Adequate illustrations and examples were used during presentations.	4.57	.75	169
Time was well organized	4.63	.65	168
The information is relevant and can be applied to my work situation.	4.47	.82	169
I feel I now have a better understanding of the subject presented.	4.52	.75	168
The presenters were well organized and prepared.	4.79	.58	169
The presenters were knowledgeable in the subject.	4.83	.53	169
The presenters used a variety of activities that correspond with the content.	4.64	.68	169
The presenters were easy to listen to.	4.80	.56	169
The presenters valued our input.	4.77	.65	169
I found the environment to be comfortable.	4.38	.89	167
There was adequate time for breaks during the training sessions.	4.15	1.15	151
The size of the group was appropriate for the sessions.	4.55	.82	169
The location of the training was convenient for me.	4.44	.82	169
The day and time of the training was convenient for me.	4.57	.71	168

YEAR 3
WORKSHOPS

Table 2. (continued) **Programs receiving Workshop training with the Community Inclusion Project (year 3).**

PROGRAM (CONTACT PERSON)	TYPE OF TRAINING	TRAINING DATE
Syracuse, NY	Workshop	8/24 - 8/25/95
Glens Falls, NY	Workshop	9/7 - 9/8/95
Long Island, NY	Workshop	9/14 - 9/15/95
Albany, NY	Workshop	9/20/95
White Plains, NY	Workshop	9/27 - 9/28/95
Preschool Grant Projects	Workshop	9/19/95
Rainbow Chimes	Workshop	10/9/95
RAP Head Start	Workshop	11/13/95
Delaware County Public Health	Workshop	3/27/96
Kenwood Child Development Center	Workshop	5/2/96
Kenwood Child Development Center	Workshop	5/16/96
Early Childhood Learning Center	Workshop	5/22/96
St. Francis Pre-K	Workshop	8/1/96
Steuben County Children's Services	Workshop	8/6/96

NEW YORK STATE WORKSHOP SERIES

Evaluation Training
Buffalo - May 30-31, 1995
Evaluation Summary

Number Registered:	100
Number Attended:	107
Number of Evals:	66

	LOW				HIGH
1. The presentations were clear:					
Outcome-Based Assessment	2	6	26	21	11
Natural Environment	1	3	20	26	12
2. The presentations were well organized:					
Outcome-Based Assessment	2	9	18	23	14
Natural Environment	2	7	15	25	12
3. The presenters were responsive to participant questions:					
Outcome-Based Assessment	3	4	13	23	23
Natural Environment	1	2	13	23	23
4. Information presented was sufficient to meet workshop objective:					
Outcome-Based Assessment	4	6	16	24	16
Natural Environment	4	2	15	25	16

OTHER COMMENTS: It would have been helpful to see the outcomes and objectives from a functional grid before we tried to develop outcomes and objectives from the case studies - the examples were very clear. I respect your expertise but it's difficult to transfer these philosophies to reality. A majority of children we serve have parents/families that can't or won't make decisions or take a pro-active stance with their child's needs across all services/environments. You have enlightened me to be more in tune with family dynamics.;

Too much repetition of same things - better to change either groups or situations more often. More practical information on how to use this in real life situations.; This was a seminar that was well done and very relevant to me. I was introduced to many new concepts and found the format in which information was disseminated to be interesting and educational.; It is important to look at children from a framework of competency. Unfortunately many traditional service providers need to repeatedly hear this message.;

Presenters were great! An opportunity for problem solving in agencies. A need for change that goes beyond the scope of this conference.; Very difficult to read overheads. Would like to have all the overheads to refer to and make notations. Very good presentation. I just hope that provider agency personnel will begin to understand that deficit based intervention tries to fix the child as opposed to working on outcomes based on where the child and family are at.; We need more training.;

I found the process an idealized one that would be difficult to implement in regard to the IFSP, securing provision of services and utilizing the KIDS system. There were significant chunks of information missing in order to move current participants/providers into the family centered mode of operation specifically building cross-disciplinary process, team building, etc.;

This was fantastic material. Having practiced in another state where we were able to implement many of these ideas in early intervention, it's been frustrating to face so many barriers in NY. It was refreshing and encouraging to see some creative problem solving to these barriers. We still have a long road ahead of us both at the agency level and the county level! Thank you very much for this workshop!;
Theoretically system could work, however in practical application many of the therapists are trained in the "fix it" approach and those individuals need a lot more training in family centered outcome based systems.

County needs work to standardize evaluation, service provision and service providers caseloads and contact with EI children.; An increase in some reimbursement rates will be necessary to allow agencies to be more team and family friendly.; Need additional training on EI system.; Mary Beth Bruder makes the conference very worth while.; Evaluation form is better - more specific. Final discussion was terrific! I liked the chance to meet and mix with providers.; Overheads were blurry, too small to read, an overall ineffective visual aid. Could have been condensed to one day.; Blurb on workshop was misleading. Expectation was to learn about evaluation and assessments. Instead we heard about changing mindset of evaluators and providers.;

I had a difficult time with parts of this presentation. I was looking for best practices for Evals/provision of services. Basically we are doing this but in different ways.; Use of transparencies was ineffective and very frustrating. The functional outcomes assessment grid should have been available here. Either include forms, outlines, diagrams, etc. in the packet or have overheads clear enough to view and with sufficient time to copy. Dept. of Health should sponsor a workshop on the functional outcomes assessment grid.; Would like to have more specific examples of evaluation tools and how they can be used across disciplines. I found the information on outcomes useful but really see it as the next step after evaluations.;

Presentation was hampered for outcome-based assessment. Visuals often poorly related to content. Frequently out of focus, hard to read, too small. Discussion and answers to questions frequently too digressive and not to the point. It took one hour to answer a single question yesterday. Groups were too big. Makes it difficult to hear others and also was a problem if you disagreed with initial outcome recommendation because this is what was carried through. Theoretical base is ok but this was misleadingly advertised. State of NY Regulations were on table with packets and never even addressed. I would give this presentation and conference poor marks due to disorganization, poor use of visuals (told at one point to just write to Temple University), poor grouping and of little or no help in helping me meet or understand state regulations. I am supposed to go back to my agency and make sure what I do conforms to state regs. How can I do this when it was never addressed until the very end of the last day.;

Presentation was disorganized. Groups were to big and fragmented. Work of groups should have been done in more consolidated way. I would have preferred to have more information presented and handouts should match and visuals should be readable. I would have preferred some information on evaluation interpretation and regs.; Less scenarios - go in depth with one or two step discovering outcomes, objectives, services, etc... Follow one case from beginning to end as it would occur pertaining to all of us.; Handouts that consistently match the presentation and are easy to access. Certain aspects of the training could have been covered in less time. Provided many new ways to view outcomes, programming, strategies, treatment planning, etc.;

I felt the material and group activities were at an elementary level. I think the initial description of the training was misleading. I did not agree with much of the presentation.; Some of the overheads would have been better as hand outs rather than being put up and taken down, over and over. No real time for notes and it would have been good for reference. Clearer instructions and less waffling on how to go about case study exercises.; Would have liked to see more examples and discussion on consultation, role sharing, specific assessment measures and tools.;

Information in brochure was misleading, not exactly what was presented. Visual aids were poor at times, not focused or too small. Questions were not directly answered and I felt you were left to make your own decision on the answer. I am also very disappointed that the New York State Regulations were not discussed at all. How are we as evaluators and service providers suppose to comply when we have not been properly trained at a conference, until the very end.; Dr. Bruder is very good at encouraging participation which enhances integration and learning of materials.;

I had previously perceived the terms "outcomes" and "objective" as being fairly synonymous and interchangeable. I now see them as having a definite working difference of use. Thank you for that clarification. The program generally helped to make the intent and design of early intervention more meaningful to me.; There could have been fewer case studies. It was difficult to remember each case.; Too much time was spent presenting individual cases to the group. One or two examples would have been sufficient with more time spent in individual group discussion.;

Concepts were very idealistic, not "reality based". The process presented requires time investment in which NYS does not allow sufficient reimbursement to make it "realistic" for programs to practice.; Being a parent of a special needs child (I'm also a Service Coordinator) - it's nice to see this being family oriented and how that child is placed in that family as the main outcome. Handouts would help the visual learners to put notes on hands out, etc.;

Overheads used by Mary Beth Bruder would have been extremely helpful as handouts - unable to read them due to size and short amount of time up as overheads.; Would have liked more information on evaluation process-core/sup. evaluations.

Evaluation Training
Evaluation Summary
Rochester - June 5&6, 1995

Number Registered:	**101**
Number Attended:	**86**
Number of Evals:	**40**

	LOW				HIGH
1. The presentations were clear:					
Outcome-Based Assessment	0	2	15	16	4
Natural Environment	0	1	9	19	8
2. The presentations were well organized:					
Outcome-Based Assessment	0	2	9	16	9
Natural Environment	0	2	5	20	10
3. The presenters were responsive to participant questions:					
Outcome-Based Assessment	0	2	10	14	11
Natural Environment	1	1	8	14	12
4. Information presented was sufficient to meet workshop objective:					
Outcome-Based Assessment	2	1	15	13	5
Natural Environment	2	1	11	13	8

OTHER COMMENTS: It might be helpful to get some input from the audience about what they wanted from the training, i.e. what would be helpful to them. It would be helpful to be able to read overheads or have them as handouts in our packets especially when so much lecturing is happening-not everyone learns auditorially. I liked group activities. Food and atmosphere were much better this year. I liked the idea of eval and IFSP done initially and would have liked to see a written example of this model.;

Too much time/focus was spent on outcomes and objects which are basic components of our program. We have been performing this portion of the IFSP for a long time. More information is needed regarding service delivery/options and the problems or frustration that service providers are currently dealing with. This information was very basic for early intervention professionals currently working in this system. It was nice to hear that we are doing a lot of the "right things". ;

Second day overheads were rushed but excellent material both days.; Very fast paced - sometimes too much. It would have been helpful to know in advance a little more about what would be covered since as presenters said evaluation can have more than one meaning.; Understanding concepts, i.e. outcome objectives, method strategies. It may have helped by using each counties IFSP forms so we would be clear where to apply the information.;

Workshop objective met, though I felt that Monroe County is doing much of this (if not all!). So you have confirmed our process and procedures, clarified several points (eval vs. assessment) but maybe not provided much new information.; Too much time wasted on examples. Could have moved the presentation on outcomes at a quicker pace. Loved the routine/environment based plan for intervention planning! Great hands-on/active participation activities. Would have liked some of the overheads in hand-out form.;

Good for beginners to help delineate (clearly) processes. For those of us who have been striving for functional/environment services to families, it was a little too basic and redundant. We're already sold on these methodologies and have been attempting to integrate them in our program. The use of workgroup tasks helped "break up" the sessions well and provided feedback.; Too much time was wasted on examples - there were some great overheads which were not included in handouts, ie: activity plan. I don't think the presentation was well rooted in the realities of the diverse populations we work with.;

How about incorporating some face to face to video examples with families. It would be nice to know feedback from a parent driven perspective. Suggestion also EI has been going on for almost two years. What if there was some focus on "support for those of us in the trenches". We need some county relief!!! The last two days were quality training but we need to develop a variety of creative ways to keep us working collaboratively.; It was difficult to fairly evaluate as I only attended the second day.;

Perhaps NYSDOH could set up a workshop that would be discipline specific. We would be able to share methods/techniques that have been successful. I have found that when specific disciplines are brought together, I leave with alot more useful information. You should probably have had copies of all overheads included in our packets. Mary Beth spoke to fast, in too much of a hurry.; I would have appreicated an opportunity for more questions. I would have appreciated someone addressing the fiscal barriers. It seems philosophically we are broadening but fiscally becoming more constrained.;

Entirely too much time to deliver what was essentially a few basic points. It is important to propose and advocate a model that respects the intent of the law-to foster the development of children with developmental disabilities. There is a danger in "throwing the baby out with the bath water."; NY State needs to consider scheduling services in months other than prime transition months (May-June).; Too many case studies!

Evaluation Summary
Evaluation Training
NYC - July 27-28, 1995

Number of Registrants:	71
Number of Attendees:	71
Number of Evaluations:	28

PLEASE CIRCLE	LOW 1	2	3	4	HIGH 5
1. The presentations were clear:					
Outcome-Based Assessment	0	3	2	11	10
Natural Environment	0	1	1	13	10
2. The presentations were well organized:					
Outcome-Based Assessment	1	1	4	9	11
Natural Environment	0	0	4	11	10
3. The presenters were responsive to participant questions:					
Outcome-Based Assessment	0	2	4	6	14
Natural Environment	0	1	4	5	14
4. Information presented was sufficient to meet workshop objective:					
Outcome-Based Assessment	0	4	1	12	8
Natural Environment	0	1	3	11	10

OTHER COMMENTS: A lot of information and a huge paradigm shift for most all of the providers in NY area - as an EIOD - more cross training would be helpful.; It is very important that initial service coordinators receive this training.; Training should be extended to more service coordinators and providers. Overall I found the training very helpful and most important, I can apply the information to my job.; The whole workshop was very good and integrated theory with practice to make everything clear and understandable and able to be used. I would appreciate more of the same, perhaps broken down into service coordinator, etc.; The room was problematic. The air conditioning was not on and their was not good lighting.; I enjoyed the workshops and discussions with colleagues - however I did perceive that you were suggesting supplementing regular services in order to meet child's total needs within the environment.;

Insistence that more providers and service coordinators come to the sessions. Counterproductive when only one group comes.; The natural environment presentation was well presented. Their should have been information given on other forms of center-based environments besides day care centers or head-start. The Outcome-based assessment presentation was very unfocused and unclear. There should have been more mechanisms and vehicles as to which one can make this assessment.; Presenters provided interesting and I believe useful approached to identifying objectives for the family. Methods of extracting information and establishing a rapport that allowed for free flow of personal issues were very helpful.;

A suggestion for future trainings would be to invite providers and evaluators. At another time, invite all participants-Early Intervention staff, initial service coordinators, evaluators, providers, etc.; The facility was not the best but the training was wonderful.; I think the lecture part of presentation was overly relied upon on 7/27. The more active learning method of 7/28 was stimulating and thought provoking. Some of the techniques and suggestions are overly idealistic. However, I definitely come away with a reminder to listen closely to parents, to help them discover community resources rather than solely recommended services.; More evaluators and service providers need to hear what was said. The philosophy presented is so different from the current reality in NYC. Much more education is needed. Better overheads is needed. The distortion at bottom of screen was problematic. Also the size of the print should be increased for those at back of room. Possibly you could re-think the title of workshop and description - I have a very different expectation of an "Evaluation Training" (thought it would be more clinical) though I was not disappointed. I just am sorry that more evaluators were not here.;

I found the material valuable. Much of it looked like what I had been using back in 1987-1989 in Mass. So it's frustrating to try to make things work in NYC, where we are so behind, in terms of family-directed, community-oriented EI, moving away from the paternalistic, medically oriented model in NYC that is so provider-driven. I feel that we need support and direction from the state so that we can begin the process of evolution.; Please find a different location for future trainings. Interesting presentations but I'm still unclear about moving this from theory to practice. Service Coordinators and providers need to be more of a part of this training.;

Very well organized and presented. Limited time for discussion or questions, but we do enough of that already. Powerful ideas - but an important audience was missing - service coordinators, evaluators, etc.; I would have liked the presenters to talk more about the evaluations and what is the appropriate way they should be done. I would have liked to see that MHRA service coordinators here as they could really use this training.; I was very pleased to have the social work perspective of EIP reinforced. I found the family centered perspective to be relevant and clear. In NYS, we have been hit with too many budget cuts with our new administration. I believe in the back of their minds, many professionals at this conference were concerned however that the "returning services to the community" is a forewarning of the impending budgetary results.;

Both facilitators presented well and had a wealth of information to share however, my needs were best served interactively. Lunch left a lot to be desired.; The workshops were beneficial in that they redirected attention to family centeredness and the role of natural environments or the role community resources play in reinforcing the family centeredness of the early intervention program.; The environment was not conducive to attending! The training did not meet my needs, as an administrator. The speakers although obviously knowledgeable were very single-minded and condescending to the audience and negated anyone's experience or observations which contradict their viewpoints. Concepts presented were not news to me - "functional curriculum" in "natural settings" and use of "accommodations" has been best practices in Special Education for 20 years.;

The trainings were pedantic, over-academic and geared for beginners. I felt it was a waste of my time and I became increasingly hostile to the style of presentation.; Unless there is a clear outline of the next presentation with more sophisticated education, I do not plan to attend any more programs.

New York State Department of Health
Evaluation Summary
Evaluation Training
SYRACUSE- AUGUST 24-25, 1995

Number Registered:	**118**
Number Attended:	**89**
Number of Evals:	**49**

PLEASE CIRCLE	LOW				HIGH
1. The presentations were clear:					
Outcome-Based Assessment	1	1	16	19	12
Natural Environment	1	1	14	19	14
2. The presentations were well organized:					
Outcome-Based Assessment	2	2	15	15	15
Natural Environment	1	2	15	15	15
3. The presenters were responsive to participant questions:					
Outcome-Based Assessment	1	6	5	13	24
Natural Environment	0	4	7	12	25
4. Information presented was sufficient to meet workshop objective:					
Outcome-Based Assessment	2	6	13	14	14
Natural Environment	2	6	11	15	15

OTHER COMMENTS: It would have been nice to see our IFSP process, from your city, in action. To actually see the report writing process during the meeting. Some of us are visual learners who need that extra "sensory input" in order to learn more holistically. In addition, having us "do" the actual report writing in 30 minutes or so would have been an essential empirical activity to learn to be more efficient.;

First day was disjointed. Too many breaks, not enough content. Could incorporate more problem-solving around barriers to outcome-based programming. Less conversation about Penn. because it's to different from NYS. Less group activity. Group was much too large! Interaction was monopolized by a few people; others appeared to fade in the background.;

Assessments were explained but demonstration would have been helpful. The information seemed overly broad for a two day workshop. Hands on assessment training would have been more helpful.; Speakers were excellent and highly qualified. Coolness in room a problem on the first day.;

I felt that this was an excellent workshop. The presenters were highly qualified and knowledgeable. I needed a clearer example of the assessment process possibly by means of a video sample. I would have liked to see an actual evaluation done in the way suggested during the workshop.

I think this was a lot of propaganda! Where is the research to back up the ideas presented here!; The presenters did not stick to the schedule very well.; It was helpful that there was a representative from Dept. of Health to clarify issues.; I felt quite a bit of time was spent on trying to get across the same idea 0 the material could have been condensed. The setting was conducive to learning.; I don't feel that any new information was presented - very redundant and very low-level.;

Pip spoke too long. There were to many case studies. I feel nothing was done in order or done very clearly. I had high expectation of what I would get out of this (per haps a bad day). More workshops should focus on a new approach to EI and have a more team approach. To many activities - things weren't consistent with outcomes/objectives. Objectives were to broad. Too much time wasted.

I was disappointed with this workshop. I felt that because the presenters were from different states that the way they followed the regulations is different from New York. Outcome based assessments seemed more like IEP's than IFSP's. Some of the ideas were good but not well presented - the time was not well planned, too much time wasted. This seemed like a college course taught in two days. Anyone with a special education background has already heard this.;

The emphasis was so general it didn't address the difficulties of serving children. It glossed over difficulties with inclusion and downplayed clinical knowledge. The overall tone was put the child in natural settings and the child will be okay. Pip talked to fast.; would like to have seen the actual format used for evals and IFSP;

Very poor speaker, extremely verbose, loud, harsh voice, no modulation - very difficult to listen to. Points lost in verbiage, talks as people, questions not answered.

New York State Department of Health
Evaluation Summary
Evaluation Training
Glens Falls - September 7 &8, 1995

Number Registered: 104
Number Attended: 72
Number of Evaluations: 31

PLEASE CIRCLE	LOW					HIGH
1. The presentations were clear:						
Outcome-Based Assessment	0	0	3	16	5	
Natural Environment	0	3	4	15	3	
2. The presentations were well organized:						
Outcome-Based Assessment	0	1	2	16	8	
Natural Environment	0	3	2	15	5	
3. The presenters were responsive to participant questions:						
Outcome-Based Assessment	1	0	2	13	11	
Natural Environment	2	0	2	14	7	
4. Information presented was sufficient to meet workshop objective:						
Outcome-Based Assessment	0	3	3	12	9	
Natural Environment	0	3	2	11	9	

OTHER COMMENTS: Mary Beth was wonderful. Her information was clear and concise. Outcome based assessment portion was very helpful and interesting! Natural environment portion got repetitive and did not need to be quite so long. Mary Beth Bruder was excellent! Registration needs confirmation - along with agenda of the day. Care needs to be given that opinions of presenters does not override the discussions. A more detailed explanation of the workshop needed to be provided so that appropriate staff from our program could have attended. Program was too elementary to hold interest.

I can always use more information on the evaluation process as far as assessment tools etc.. I hear an awful lot on the IFSP process, which has been very helpful but I want more information. on best practices with evaluation across the development domains. We are operating in LRE's throughout our county. We provide EI services all over in various sites: Ex- daycare's, hospitals, homes, clinics, etc., and we empower our families to be a player in the whole EI process. It was a good review for us, but we are much further ahead of the group. The next training you should survey your population that you plan to serve and adjust your presentations according to the whole group or break into separate groups to meet their needs. Mary Beth did a great job as usual!

The morning was informative. Mary Beth did a decent job. Afternoons were very middle class based. 80% of our clientele are below poverty level. Discussions and ideas on how to empower families at risk would have been helpful. Disappointed in the totally middle class viewpoint of the afternoon presenter. Funding/ payment - more discussion to creatively use money available (team meetings, IFSP). If not paid, some professionals are unable to attend. This was one of the best presented conferences I have attended.

On objectives sheet it seems that we covered the agenda written. Number 3 however, I don't recall talking about a "variety of assessment measures". Perhaps this refers to the on going process of meeting the child/families needs via various strategies. We haven't talked about number 5 yet. Perhaps this comes later. I thought that these topics were helpful, however could have been covered more concisely and therefore we would have had time to cover the confusing aspects of the EI system that it appears that service delivery agencies struggle with. It appeared to me that many felt this was redundant material. Thank you for your consideration and time.

The presenter from Philadelphia did not need as much augmentation via microphone - It made her voice harsh and difficult to listen to. I think that the entire training helped focus more on parent outcomes as well as defining more specifically how these are reached - particularly using "normal" day routines to facilitate these objectives. Refresher sessions very helpful on keeping EI persons on track and family focused. Thanks to your efforts. Thanks for handouts and as an "old" timer some talk was elementary. I always learn a lot from these conferences and training and also from each other - small groups.

This workshop was helpful in that it reinforced many of the things we are already doing, and areas we are working on - resources. We thought the presentation would give more information on evaluations. Ex - evaluation tools, types of evaluations, etc. Thank you for lunch!! I would have liked more information in specific evaluation tools. The information presented was good and informative however I thought this training would concentrate more on the tools used. Overall the training was helpful. I will be making changes in our current IFSP to reflect some of the new information that we learned. It was nice to break up into small groups for brainstorming. Its a nice experience to brainstorm in small groups about resources in the community. Sometimes people get into a mindframe and don't look at different options. Nice job! Information was relevant to what we are experiencing in our agency. It will help us focus on what families need. I will start giving parents a list of community resources on initial visit.

Material covered was useful but I was hoping for more information on evaluation tools. Perhaps State Health can do more concentration on specific county issues and regional concerns. Notification of course/training confirmation would greatly be appreciated. It might be useful for State Health to promote more individualized training to specific counties in order to pull together professionals in one area to brainstorm within their own resources to encourage new ways to deliver services.

New York State Department of Health
Evaluation Summary
Evaluation Training
Syracuse, September 14 & 15, 1995

Number Registered: 107
Number Attended: 50
Number Evaluations: 39

PLEASE CIRCLE	LOW 1	2	3	4	HIGH 5
1. The presentations were clear:					
Outcome-Based Assessment	3	2	5	19	9
Natural Environment	0	1	9	15	11
2. The presentations were well organized:					
Outcome-Based Assessment	3	4	3	17	11
Natural Environment	0	2	6	19	11
3. The presenters were responsive to participant questions:					
Outcome-Based Assessment	2	3	4	14	15
Natural Environment	0	1	4	15	16
4. Information presented was sufficient to meet workshop objective:					
Outcome-Based Assessment	4	3	6	13	9
Natural Environment	0	3	8	13	10

OTHER COMMENTS: I didn't feel that the information presented was very helpful. It was primarily information already known and utilized by participants.; While this training offered a nice discussion of effective service delivery, not enough time was spent on the determination of eligible providers and Suffolk county have repeatedly clashed on this issue . Once eligibility has been determined, IFSP development has been reasonably successful.; Would have liked more information on alternative methods of providing services and integrating different services.; The hands on activities were enjoyable and useful. Name tags may have encouraged more "mingling" and networking with new people.; Too redundant.; Presentations may be more helpful if trainers work and plan ahead with Suffolk county personnel and providers of service to better define training needs.; Very informative - enjoyed meeting other contractors - nice lunch - conference room was very cold.; I wanted information and guidance on addressing cultural diversity and resources for bi-lingual services.

1-Providers (Nassau County) must participate in these training's. Conflicts between DOH and providers is not that EI is a family oriented program. The real problems are economical for certain providers. They need to push a "program" for the child in order to get the amount of money to keep their school open. Pushing a "program", they do not take in consideration parents concerns.
2-I am 100% in agreement that EIP should be a family oriented model. Besides trainings NYSDOH needs to deal with certain issues that is not allowing the above to happen (at an administrative level).
3-Nassau county - families of low income - a lot of therapists do not want to go to low income neighborhoods. The quality of services for these families sometimes are poor...and with not too many choices. These are the families who most need and it seems that EIP do not know what to

do with this issue. At the present time, I believe that this is one of the weaknesses of the early intervention and a strength for the old model = central based. A school bus goes anywhere...a clinician doesn't...
4-For future training's:

-What is a bilingual evaluation and a bilingual evaluator?
-When we are working with a non-American family - helping us to re-evaluate our feelings, values, prejudices.

For administrators:
- How to establish a structure in the EIP program that facilitate all kind of children (any cultural or any socio-economic background) will receive services.

A lot is repetitive from other workshops - not enough "providers" of services attended. Diverse or a difference of opinion or philosophy existed in group should be to total group. Case studies should be 1 - then input from all would illustrate the differences.; Workshop was very good, however I don't feel I learned anything new. This was a wonderful reminder. Unfortunately it should be mandatory for all providers to attend because I feel they would learn a lot.; Good presentation of material, good info. or importance of natural environment - Disappointed that evaluators and providers contracted under EI were not mandated to attend seminar. Most service coordinators are familiar with seminar concepts - it is hard to make changes in EI without other key professionals learning EI foundation.;

It is of the utmost importance to involve more evaluators from Nassau County in these workshops. Although they are "invited", few agencies are ever represented. Perhaps the state and/or individual county contracts can require attendance. These workshops are perfect forums for collaboration between service coordinators and evaluators (most of whom are also providers). Together we can make Early Intervention work. The workshops held on Thursday truly did not provide any information to us that we didn't already know. Many of those in attendance have been in the field for years. We've been trained to write outcomes that reflect parents' concerns, incorporating the strengths of the family. Without cooperation from the evaluators, it becomes quite difficult to formulate appropriate IFSP's without confusing or upsetting the family. The speaker from Pennsylvania was informative well prepared etc. Evaluators need to hear this information! Fridays exchange of community resources was good but not much more elaborative than Newsday's Fun Day Booklet published annually. As service coordinators we need specifics (ex - what is realistically available for the birth - 3 yrs. population).

The workshop on Thursday was a waste of time and provided no information I didn't already know. Many of us have either been to other training's or worked in this field for years. We've already been trained to write outcomes and use familiar scenarios. IFSP's are different % corporation from evaluators. The Penn. speaker was great; evaluators need this info. Fridays communication resource was all right but we need realistic programs many mentioned weren't appropriate for our age group . It's important that evaluators from Nassau be at these workshops, though "invited" they rarely are attending, or send very few people. It would have been better if they'd be into attending and then we could really air out collaboration ideas. Most evaluators are also providers. Perhaps the State, County, individual contracts can mandate them to attend these workshops. We had to come and I believe unfortunately it has been a waste of two days. If eval/ind. had attended it may have been worth it .

The first day's topics was difficult to become involved in.; The room was extremely cold causing great discomfort.; Sessions tend to be repetitive.; The presentation/workshop was very good as well as helpful. But there is a missing element in who attends the meetings. Evaluators are essential to the implementation of this new paradigm and should be mandated to attend these training's along with service coordinators and parents. Thank you for all the obvious hard work!

Phillipa Campbell was great! She covered many areas and the video tapes were wonderful. Breaking into small groups to discuss and brainstorm was also very effective. Mary Beth Bruder was excellent too. I commends the state DOH for attempting to train EI across the state on their matters/suggestions. More training sessions geared specifically for:

-service coordinators
-providers
-evaluation teams

Break it up more to target specific areas. Conference on Administrative matters: Contracts/billings, Insurance/liability aspects when administering under this state - funded program. Also - staffing and recruiting! We need more evaluators and providers in EI (especially in Nassau County).

After working in the field of early childhood for 6+ years, much of the workshop was repetitious. However, it did reiterate my own philosophy and beliefs of home/natural environments. The evaluators in Nassau County should be mandated to attend these training sessions so they will not try and force their programs down the parents throats.; Mary Beth was fine and did very well. Pip's was a very disorganized presentation. Pip Campbell gave an extremely negative view towards teams. She gave conflicting and contradictory information. Some of her statements were in direct conflict with state and federal law. I was very disappointed.; It was very helpful to brainstorm about community resources and support systems. I did learn some new ideas and programs.

New York State Department of Health
Evaluation Summary
Evaluation Training
White Plains - September 28 & 29, 1995

Number Registered: 115
Number Attended: 50
Number Evaluations: 26

PLEASE CIRCLE	LOW				HIGH
	1	2	3	4	5
1. The presentations were clear:					
Outcome-Based Assessment	1	0	3	11	9
Natural Environment	1	0	5	5	10
2. The presentations were well organized:					
Outcome-Based Assessment	0	0	7	9	8
Natural Environment	1	0	6	6	8
3. The presenters were responsive to participant questions:					
Outcome-Based Assessment	0	0	5	8	9
Natural Environment	1	0	5	6	9
4. Information presented was sufficient to meet workshop objective:					
Outcome-Based Assessment	0	4	7	8	5
Natural Environment	1	2	6	6	5

OTHER COMMENTS: It would be helpful to have confirmations of conference dates and times mailed out prior to meeting. Possible helpful topics for future meeting: 1)providing services safely in high crime areas. 2)providing services to children with behavior problems and dealing with them appropriately during sessions.; It was very difficult to condense two days of material into one day, however, the presenters did a fine job overall. Ms. Bruder didn't have sufficient time to expand on using community resources. Had the presenters had enough time their presentations would have been much better.; I don't think the 1 day workshop was sufficient. Not enough was presented.; Workshops like this should be offer and programming more often. ; The conference was originally scheduled for two days, however a mix up in dates made cancellations unnecessary for most people.

My concern is that training does not go one step further - we have very simply named community resources - yet, their is no training on how to make these resources accessible to the children and families we are working with. Ex- how do I take my autistic 2 year old food shopping with me? Our staff would love to address these issues – tell us how to!!! I resent the "racist" comment. I am a social worker who has been making home visits for numerous years. I am not a "racist". There are certain corners, buildings, and neighborhoods where bullets frequently fly, and drugs are actively sold, used etc. It is statistically less safe. Please help us deal with these real issues! Thank you the rest of the training was helpful, yet extremely role and basic.

The work shop was rushed; it should have been two days. It was really a waste of time.; Very noisy environment for people in the back of the room.; Assessment portion - very general overview. Not specific to theory (discipline). One day was not enough time to go into all the information on EI especially given the fact that there were so many disciplines represented who were at varying levels.; The hotel was very run down - especially the bathrooms. Handouts appear to be helpful.; Doesn't address realities.; It was unfortunate that we didn't have the second day. There was a lot of information and questions and answers to be covered.; Unfortunately due to miscommunication the course was only for one day. So I felt we missed out on a lot of outcome - based assessment - which we could have spent more time on. Need more training on outcome based assessment.; I'm sorry there was a date confusion for telescoping two days into one does not make a satisfying package. There were other administrative problems - I got no confirmation or pre-registration which was very early (April 1995) so I was unsure whether there was really a program - I came on faith. The presenters were excellent and their material very important but they were hampered and the attendees cheated.

I was annoyed that the workshop had to be squeezed into 1 day because presenters were given wrong dates. I would like more workshop training in "how to" work in neighborhoods which are considered "unsafe" such as NYC and the Bronx. More workshops specific to sensory integration, feeding issues, cultural issues in 0-3 population. Clarity on funding 1 state of EI , now, this year, 95.; It would be helpful to have confirmations of conference dates and times mailed out prior to meeting. Possible helpful topics for future meetings: Providing services safely in high crime areas, Providing services to children with behavior problems and dealing with them appropriately during sessions.; Overall not too useful, too theoretical. Get down to the real world. Need to concentrate during small group time to assist people. Make instructions clearer. Talk speech too monotone.; Never notified about acceptance for training session. Training canceled for second day. I'm new and needed all the training and focus possible. Looking forward to more training sessions, hopefully in White Plains.;

Presenters very good. However, having done this for 25 years, I know most of it, although a "refresher" is always good. Presenters did not seen responsive to audience concerns that EI rates set up of EI system (collaboration, Coordination, escort service not paid for) do not allow for the presented model to be carried out for the most part. Despite claims that rates contain enough money for all costs to be covered, this is not the case. Because of intensely fragmented nature of service delivery system, getting all therapists to talk/plan together is an overwhelming task. Unless best practices, which is what I think most people in the room want, is realistically hooked up with rates and systems design, some of these training sessions are irrelevant.; Each county could use county specific consultation in how they are implementing the philosophy of EI - we all are doing things differently. I want to hear the pros and cons of the different steps of our process.; I was very disappointed to have such an informative training be so compacted and rushed.; Presenters did well considering 2 day workshop was condensed to 1 day at the last minute. Although The paper work was interesting there was not enough time for useful exchange of information or to address how to apply information that was presented.

PRESCHOOL GRANT PROJECTS MEETING

STATEWIDE EVALUATION OF EDUCATION PROGRAMS FOR PRESCHOOL STUDENTS WITH DISABILITIES IN INTEGRATED SETTINGS

September 19, 1995

AGENDA

TOPIC	OUTCOME	HOW/WHO	TIME
Welcome, Logistics, Purpose of Meeting and Agenda Review	Agenda clarified	Discussion P. Geary	10:30 - 10:45
Addressing Statewide Issues	Status of State efforts to address identified issues	M. Plotzker S. Rybaltowski	10:45 - 11:15
Statewide Evaluation	Questions on final reports and evaluation clarified. Discuss revisions to 2 page project summaries	Discussion M. Beth Bruder P. Geary	11:15 - 12:00
Lunch			12:00 - 1:00
Next Steps: Local and Regional Initiatives	Next steps for individual programs and regions identified to promote and expand integrated opportunities for preschool students with disabilities.	Facilitator: M. Beth Bruder Small groups brainstorming; groups based on regions and types of programs Large group sharing of proposed local and regional initiatives	1:00 - 2:00 (break as needed) 2:00 - 2:30
Next Steps: State Initiatives	Next steps for State action discussed: - information dissemination - statewide evaluation report - project replication	Presentation and discussion: P. Geary	2:30 - 3:00

9/19 Preschool Grant Projects
Meeting Minutes

Western/Southern Tier Region (Participants)

- Monroe Boces
- Buffalo CSD
- Rochester CSD
- Special Children's Center
- Steuben- Allegany BOCES
- Horseheads CSD

Goal #1

Get PS districts to support efforts

Strategies:

- More staff development
- Ongoing support for administrators
- Public relations
- "Early Push" program

Timeline - immediately

Goal #2

Convince districts to continue fiscal responsibilities for these projects.

Goal #3

Understand needs of specific population

Strategies:

- Model successful programs
- Inservices

Timeline: Immediately

Goal #4

Collaboration between PS and Preschools/Nursery Schools

Strategies:

- Relationship building activities
- field trips

Goal #5

Communicate with families

- Mail
- TV
- Newspaper

Timeline- Immediately

Goal #6

Communicate advantages of inclusion to other agencies.

Strategies:

- Invite in
- Share stories
- Share statistics

Timeline- Immediately

Capitol District - Central New York Region (Participants)

- Center for the Disabled
- Glonersville
- Beginnings
- Herkimer BOCES
- Spice

Goal #1

Trans. for families and students to typical kids

Strategies:

- Collaboration between agencies
- Social Services
- Agencies

Goal #2

Explore expansion of current programs

Strategies:

- Training for Early Childhood Educators
- Training for School district re: needs of Preschool population
- Use Head Start Early Ident. Strategy

Goal #3

Concern regarding decrease in number of referrals

- Write letter to county

Goal #4

SEIT and Daycare- Tracking services

- Speak to state ed.
- need more flexible funding.

Westchester and LI Lower Hudson Region (Participants)

- Building Beachs
- New Interdisciplinary Preschool
- Shuttering Programs
- Westchester ARC

Issues:

- Create regional groups/
    - Chapters
    - SEPTA
    - NAEYC
- Identify local barriers
    - child by child/ family by family
- Research existing programs
- Identify solutions and make placements
- Encourage Self-contained programs to also integrate
- Partnerships
- Contacts

Goal #1

Raise Child Care and Head Start salaries and education requirements

Strategies:

- Public/ legislative education
- Training and fiscal support

Goal #2

Funding to make structural changes to meet ADA requirements

Goal #3

Revision of Higher Ed. Curriculum. to include training on kids with disabilities

Strategies:

- invite colleagues to see programs

New York City and Long Island Region (Participants)

- Union Settlement
- AHRC
- Educational Equity

Want continued involvement at state level with region to clearly implement CPSE process and CSE process.

Goal #1

Educate NYC Board of Education regarding models of service for preschoolers with disabilities.

Strategies:

- Training NYC CPSE's on preschool region- Also discuss projects.
- to implement models

Goal #2

Accessibility for kids and families to each childhood programs.

Strategies:

- list all possible funding sources and disseminate it.

Goal #3

Separate contract with each service provider for each child

- Massive paperwork
- Clarity or regulation
- Go to Board of Regents to recommend change in future law.
- Trans. 5 days a week - letter written
- List of Interagency councils that exist
- Single pt. of leadership

Wish List:

Universal preschool program and accessible childcare for all 3 and 4 year olds.

Summary: Issues

1. Need for integrated collaborative early childhood models - supported and facilitated by state agencies (policies, funding).
2. Need for flexible funding
3. Need for coordinated transition policy, funding.
4. Need for higher education reform.
5. Need for TA to NYC Board of Education.
6. Need for unified leadership.

September 19, 1995

PRESCHOOL INTEGRATED GRANTS PROJECTS

Regional Groups

CAPITAL DISTRICT CENTRAL NY	WESTERN SOUTHERN TIER	LONG ISLAND	LOWER HUDSON
Center for the Disabled	Monroe BOCES	Building Blocks	Westchester ARC
Gloversville	Buffalo CSD	New Interdisciplinary Preschool	Newburgh CSD
Beginnings	Rochester CSD	Leake & Watts	District 21
Herkimer BOCES	Special Children's Center	Sheltering Arms	Educational Equity
Spice	Steuben-Allegany BOCES	AHRC	ICCD
	Horseheads CSD	Union Settlement	

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT

To: Preschool Grant Project Representatives **Date:** March 29, 1995

From: Pat Geary PJG

Subject: Attached Program Form

In reply to:

The State Education Department, in cooperation with the University of Connecticut, is evaluating the effectiveness of this statewide initiative to promote the development of integrated settings for preschool children with disabilities. As a component of this activity, we will be compiling summary information on each of the projects funded to disseminate statewide. The dissemination of information on these projects is intended to encourage the replication of effective practices which promote the development of integrated settings for preschool students with disabilities.

Please complete the attached form on no more than two typed pages and return it to me by **June 15, 1995** at the following address:

Patricia J. Geary, Associate
Office for Special Education Services
One Commerce Plaza
Room 1624
Albany, New York 12234

Thank you for your cooperation. If you have any questions, please call me at (518) 473-2878.

cc: Lawrence T. Waite
Mary Beth Bruder, Ph.D.

INTEGRATED SETTINGS FOR PRESCHOOL STUDENTS WITH DISABILITIES

Agency:

Address:

Contact Person:

Phone:

Practice:

Description of Program: Provide a broad context of the program in which the program is operating (e.g., philosophy, program goals, setting and overall population).

Description of Practice(s): Describe the practices that promote integration of students with disabilities (e.g., services provided, activities conducted, rationale).

Personnel Involvement: Describe how key personnel are involved in implementing these practices (e.g. titles, roles, duties, and training).

Evidence of Effectiveness: Provide measures and outcome data indicating the effectiveness of the practices.

Transportability: Describe how well this practice might work in other areas of the State or the conditions necessary for the practice to be adapted.

4/95

NEW YORK
THE STATE OF LEARNING
THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, N.Y. 12234
DEPUTY COMMISSIONER FOR VOCATIONAL AND EDUCATIONAL SERVICES FOR INDIVIDUALS WITH DISABILITIES

August 30, 1995

Item for Discussion

TO: The Honorable the Members of the Board of Regents Committee on Vocational and Educational Services for Individuals with Disabilities

SUBJECT: Report on Preschool Special Education Issues in New York State

Attached for discussion is the report, Preschool Special Education Issues in New York State. This report is the second in a series dealing with this topic. At the July 1995 meeting of the Board, the first report, Preschool Special Education in New York State, presented an overview of the preschool special education system. This report identifies a number of issues that have been identified by parents, school districts, municipalities, approved providers, and other interested parties regarding programmatic and fiscal aspects of the system. The issues pertain to the following topics:

- Free Appropriate Public Education (FAPE) and Least Restrictive Environment (LRE);
- The Committee on Preschool Special Education (CPSE) Programs;
- Funding the Costs for Services;
- Lack of Qualified Providers;
- Consistency of Eligibility Criteria;
- Preschool Special Education Evaluators;
- Knowledge of Section 4410 of the Education Law;
- Monitoring; and

BEST COPY AVAILABLE

VESID (D) 6, 1-2 and (9/95)
attachment

Attachment to VESID (D) 6

Report on Preschool Special Education Issues in New York State

September 1995

BEST COPY AVAILABLE

Free Appropriate Public Education and Least Restrictive Environment

Free Appropriate Public Education (FAPE) means special education and related services provided at public expense, under public supervision and direction, in conformity with an Individualized Education Program (IEP) that meets Federal requirements. These programs and services must meet Federal and State standards. The following are issues related to FAPE and Least Restrictive Environment (LRE).

Payment for General Early Childhood Services

Since 1989, there has been ongoing correspondence between the Federal Office of Special Education Programs (OSEP) and the Department on the State's responsibility pertaining to FAPE for preschool children with disabilities. The OSEP correspondence indicated that the New York State Education Department must, in addition to providing special education programs and services at no cost, ensure that if a preschool child with a disability requires participation in a regular preschool or daycare program for purposes of socialization as part of a free appropriate public education, the State and counties would be responsible to pay for these programs as well. The Department has taken the position that the State, by statute, is only authorized to pay for special education programs and services since there is no mandatory preschool program for children without disabilities. Many advocates believe that it is essential to pay for these services as part of the IEP in order to create an integrated system. Other organizations have expressed concern that this will lead to major cost increases.

Most recently, in a July 1995 letter to OSEP, the Department reiterated its position that FAPE is currently available to all eligible preschool students with disabilities through a full continuum of special education and related services. To date, this remains unresolved. Should OSEP determine that New York State must pay the cost of early childhood services noted on the IEP, it will be necessary to develop a funding mechanism to make the early childhood services available at no cost to families. Within the past year, the Preschool Special Education Advisory Committee (PSEAC) has reviewed this issue and provided a recommendation for the Department's consideration, should the State be required to pay for regular education. This recommendation proposed that a methodology be established to fund only that portion of a child's regular early childhood program as required by the IEP for purposes of a child's integration with nondisabled peers.

Opportunities for Integrated Education Programs

A free appropriate public education must be provided to preschool students with disabilities in the least restrictive environment. This term means "that to the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are nondisabled; and that special classes, separate school or other removal of children with disabilities from the regular education environment occurs only when the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily." While the data included in the July report to the Board of Regents

A number of comments at the forums related to concerns regarding the established structure, roles and responsibilities of the members of the Committee:

- municipalities and advocates expressed concern relating to the dual role that a number of agencies have as evaluators and service providers in the system; and the potential conflict of interest that this creates when they make placement recommendations;

- approved preschool providers and parents expressed concern that the municipalities' responsibility to reimburse the costs for programs and services influences the overall recommendation of the Committee;

- approved providers commented on the potential effect that dual municipality representatives at the Committee meeting may have on its recommendation for certain children who are making a transition from the early intervention system to the preschool special education system. (The municipality must designate an individual to attend meetings when a child is transitioning from the Early Intervention System as well as an individual to participate in all Committee meetings.)

- parents, providers and municipalities are concerned that the parent member of the Committee does not receive the appropriate training necessary to effectively assist parents whose children are referred to the Committee.

Funding

The costs for preschool special education are paid in the first instance by the municipality of the child's residence and reimbursed by the State at a percentage of 59.5 established in Section 4410 of the Education Law. While State reimbursement was supposed to increase to 69.5% during the 1995-96 fiscal year, the current level of reimbursement was maintained in the 1995-96 budget. The costs for this program have increased significantly in the past several years. Primary issues in this area concern which agencies should bear the fiscal responsibility for this program and how to achieve greater fiscal cost efficiencies. Municipalities feel it is inappropriate for them to have fiscal responsibility for this program. Organizations representing school districts and boards of education have historically opposed assuming fiscal responsibility for this program.

Another area of fiscal concern relates to the responsibility of the municipalities to pay for the excess costs to school districts for the administration of the Committees on Preschool Special Education. State regulations have established procedures for school districts to receive an allocation of Federal funds for this purpose based on the number of eligible children served within district. At the end of each school year, school districts compute and submit a report of the actual costs incurred for the administration of the committee. Department staff review these cost reports to determine the approved excess administrative costs (i.e., the amount of cost incurred which exceeded the Federal allocation) which is then

The shortage of certified bilingual preschool special education staff in New York City has prompted the development of an Interim Bilingual Alternative Placement which includes training for non-certified staff as well as the use of bilingual paraprofessionals to provide student placements. The Department has developed an Intensive Teacher Institute in Bilingual Preschool Special Education to increase the numbers of certified bilingual preschool special education teachers and in that manner increase the capacity for additional bilingual placements.

Teachers of the Speech and Hearing Handicapped

Prior to the establishment of the current preschool special education system, both certified teachers of the speech and hearing impaired and licensed speech pathologists provided this service under the Family Court System. With the enactment of Section 4410 of Education Law, the Department was required to identify the highest professional credential for entry level in each profession providing preschool services to children with disabilities. For consistency between the preschool and school-age system, it was determined that the teacher of the speech and hearing impaired had the appropriate preparation to deliver speech and language services to preschool children.

Section 4410 of Education Law requires municipalities to contract with related service providers. Section 8207 of the Education Law requires that all persons who practice speech-language pathology be licensed as speech-language pathologists or be otherwise authorized to practice under this section of the Education Law. Section 8207 provides an exemption for teachers of the speech and hearing handicapped employed by the Federal, State, or local government, a public or nonpublic elementary or secondary school or an institution of higher learning, allowing such persons to perform the duties of a speech-language pathologist.

The law does not allow teachers of the speech and hearing handicapped to practice speech-language pathology as independent contractors unless they are also licensed speech-language pathologists. To fall within the exemption, there must be an *employment* relationship, and services must be provided in the course of such employment. However, while a municipality may not *contract with* teachers to provide speech-language pathology services, it may *employ* teachers of the speech and hearing handicapped on a temporary or part-time basis to provide these services. In the case of such employment, these teachers would be exempt from licensure. This situation aggravates a shortage in the number of qualified professionals who are available to provide FAPE to preschool students with disabilities.

Physical and Occupational Therapists

Various areas of the State are experiencing difficulties in providing a full range of services required by preschool students with disabilities due to the lack of available licensed physical and occupational therapists in those areas.

A review of these requests indicates:

- A lack of consistent information, and widespread disparity in the knowledge base of CPSE members, municipalities, and parents involved in the preschool special education system. Such variation and inconsistency may be contributing to discrepancies in the identification and provision of services throughout the State.
- A continued need for training and technical assistance to clarify the policies and procedures that have been established for use by early intervention officials and CPSEs to ensure a smooth transition from early intervention to preschool special education.
- A need for clarification regarding children's age eligibility to receive services from the Early Intervention System and/or the Preschool Special Education System.
- Additional questions regarding the appropriate or required time for students suspected of having disabilities to be referred to the Committees on Preschool Special Education, in order to receive special education programs and services beginning with their initial date of eligibility.

Monitoring Issues

The Department is responsible for ensuring each school district's and preschool program's compliance with applicable Federal and State laws and regulations. Through its monitoring efforts, the Department reviews approved preschool programs based on the programmatic requirements of the preschool system. When areas of noncompliance are identified, each program is required to undertake corrective actions. A significant issue is the physical accessibility of existing programs. Another issue stems from a scarcity of approved programs and related service providers in certain areas of the State which may result in children being unserved according to the services identified in their Individualized Education Programs. In addition, many preschool programs continue to maintain a "conditional" approval status, pending the completion of a required site visit by Department staff as the basis for receiving final approval. Lack of sufficient resources to monitor these programs continues to be a significant issue.

Summary

The report provides a summary of significant issues pertaining to the preschool special education system in New York State. An understanding of these issues is necessary, prior to a consideration of options for improving this system. The next report to be presented to the Committee in November will focus on these options.

RAINBOW CHIMES

Rainbow Chimes, Inc.
Child Care Center
(516) 261-7673

Kathleen Roche, R.N. Executive Director
Laura Ludlam, Associate Director
25 Little Plains Road, Huntington, New York 11743-4529

October 12, 1995

Marie Brand
139 No. Beacon St.
Middletown, NY 10940

Dear Marie:

Thank you for taking time out of your busy schedule to speak to my staff on Inclusion. It was interesting and informative and I'm sure my staff is looking forward to using the information and ideas they received from you in their classrooms.

Again, thanks for giving us the advantage of your knowledgeable experience.

Sincerely,

Laura Ludlam

Laura Ludlam
Associate Director

Rainbow Chimes, Inc.
Child Care Center

Kathleen Roche, R.N. Executive Director
Laura Ludlam, Associate Director

TEL (516) 261-7673
FAX (516) 261-0602

25 Little Plains Road
Huntington, New York 11743-4529

STATEMENT OF PHILOSOPHY

Rainbow Chimes Inc. was founded to provide a developmentally enriched, safe and nurturing environment for children. In the course of the past ten years, while retaining that dedication, we are expanding our environment to include dependent adults. We remain committed to supplementing family and home care.

To ensure quality care, Rainbow Chimes continually monitors three essential elements of our center: the staff, the facility and the curriculum. We believe that carefully selected, well trained personnel working in a setting specifically designed to implement a proven plan are essential to the successful operation of a Dependent Care Center.

Rainbow Chimes encourages interaction between our center and the community it serves. By sponsoring support groups, conferences, seminars and community parties we offer our services and expertise to anyone requiring it. We also publish a monthly newsletter, The Rainbow Times, to help keep our community informed of center activities.

THE STAFF Our management team possess broad based knowledge of Early Childhood Development and Health Care. Qualified individuals are selected based upon their credentials, experience, and personal commitment. To promote staff enrichment Rainbow Chimes provides extensive on-going training, community and national advocacy.

All staff members continue their professional growth by attending specialized workshops, through in-service training and by access to various outside resources.

THE FACILITY Our learning settings have been carefully designed to promote initiative, self-reliance and competence while fostering cooperation and consideration of others. Extensive consideration is always given to health and safety assurance, and fire prevention standards.

THE CURRICULUM Young children are capable of making decisions and solving problems regarding their personal activities. This is a guiding principle of the High/Scope curriculum which we implement at Rainbow Chimes. With appropriate adaptations High/Scope principles are implemented at all levels of development. High/Scope involves the children in the learning process giving them the opportunity to actively explore, enhancing their natural curiosity. High/Scope classrooms are methodically divided into special interest areas and a daily routine is maintained. The children decide where to focus their efforts and are supported by their teachers.

The foundation of learning in young children is their action in play. Through play, children develop life skills in decision-making, problem solving, and communicating: thereby supporting their ability to become competent, secure, mature adults. The High/Scope Educational Research Foundation in Ypsilanti, Michigan has Endorsed RCI qualified directors to train teachers in the High/Scope Curriculum.

FAMILY AND COMMUNITY INTERACTION Rainbow Chimes has developed various means of promoting bonds between the participants' homes and the center. Daily communications are maintained to convey individual information. Advisory Board meetings are regularly scheduled to promote interaction between our staff and families on issues such as curriculum and policies. An information and referral network with local community service agencies contributes to program enhancements and provides services directly to participants and their families.

A Non-Profit — Non-Discriminatory Organization

RAINBOW CHIMES
Huntington, NY

CREATING INCLUSIVE ENVIRONMENTS: WHERE DO WE BEGIN?

Monday, October 9, 1995

Presented by:

Marie Brand

Project Coordinator, Community Inclusion Project for
Young Children With Disabilities
University of Connecticut

AGENDA

OVERVIEW: WHAT IS INCLUSION?

BENEFITS AND CONCERNS OF INCLUSION

ESTABLISHING A PHILOSOPHY TOWARD INCLUSION

THE IMPORTANCE OF COLLABORATIVE TEAMWORK

CREATING AN APPROPRIATE ENVIRONMENT

ADAPTING CLASSROOM ACTIVITIES

WHERE DO WE GO FROM HERE?

VIDEO: "Early Childhood At Its Best"

ACTIVITY: Key Issues Involved in a Philosophy Toward Inclusion

Directions: Keeping in mind the components necessary for a philosophy toward inclusion, brainstorm key issues you want to address in the development of your program's philosophy.

ISSUES TO CONSIDER	IS CHANGE NEEDED?	TYPE OF CHANGE NEEDED	RESOURCES / ACTIVITIES

BENEFITS/CONCERNS/ACTION PLANS CHART FOR INCLUSION

Person/Group	Benefits	Concerns	Action Plans
The child being included			
Typical children in the program			
Family of child being included			
Families of typical children in program			
Teachers of child being included (regular education)			
Teachers of child being included (special education)			
Other program personnel			
The wider community			
Administration of early childhood/ regular education			
Administration of early intervention/special education			

BEST COPY AVAILABLE

ADAPTING ACTIVITIES WORKSHEET

	Meals/Snacks	**Language/ Reasoning**	**Fine Motor**	**Gross Motor**	**Blocks**
Vision					
Fine Motor					
Gross Motor					
Cognition					

ENVIRONMENTAL ADAPTATIONS FOR CHILDREN WITH DISABILITIES

Meals/Snacks

Visually impaired: brightly colored dish or cup; ensure contact with cup or food; consistency of arrangement of children and utensils, adaptive cup or plate; association of foods; taste, smell, sound, touch, qualities; use of color coding.

Fine Motor Difficulties: bent spoon, finger food, adapted cup or spoon, individual help.

Gross Motor Difficulties: positioning, proper seating/support, ensure adequate space arrangement, close monitoring.

Cognitive limitations: reinforce routine, work on separate steps or skills, smaller group, staff support for learning food concepts.

Language/Reasoning

Visually impaired: make lotto cards or sequencing cards tactile, consistent sequence in experiences (functional), oral experience emphasized.

Fine Motor Difficulties: teacher manipulates based on child instructions, or make scale larger.

Gross Motor Difficulties: defined space for participation, adaptive equipment, added support, enough space.

Cognitive limitations make tasks simpler, break into steps, simple terms, show by example, active instruction participation, visual cues, small group.

Fine Motor Activities

Visually impaired: use brightly colored objects, use tactile objects, puffy paints to outline tactile emphasis.

Fine Motor Difficulties: use large items, proceed to smaller if possible, teacher assistance (hand over hand), knobs, textures, large size thicker crayon, paint brush, scissors, individual assistance.

Gross Motor Difficulties: avoid crowding, monitor.

Cognitive limitations: break into simple steps, smaller group, concentrate instructions, peers, modify task.

BEST COPY AVAILABLE

ENVIRONMENTAL ADAPTATIONS FOR CHILDREN WITH DISABILITIES (CONT'D)

Gross Motor Activities

Visually impaired: use brightly colored tape or larger items (bigger ball). consistent schedule of play and rules. possible primary teacher responsible.
Fine Motor Difficulties: use larger objects. teacher assistance. larger equipment.
Gross Motor Difficulties: have child do as much as can. and build skills appropriately. monitoring. space. guidance of other children. primary teacher. responsible. adjust to meet need. encourage throughout day.
Cognitive limitations. break into steps. use simple instructions. smaller group.

Blocks

Visually impaired: add tactile surfaces. use large label pictures. label with yarn (tactile). consistent placement.
Fine Motor Difficulties: use bigger blocks. larger. soft fabric. assistance to build.
Gross Motor Difficulties: teacher assistance. weighted blocks. limit number of children. choices.
Cognitive limitations: use pictures. smaller group. selected children. peer modeling. emphasis on language concepts. modify tasks to appropriate level.

BEST COPY AVAILABLE

Definition of Functional Skills

- skills that will immediately improve the child's ability to interact with his environment
- skills that will increase the probability that the child will perform functional behaviors critical for success in future environments
- skills required across a variety of environments
- skills used frequently
- skills that someone else will not have to perform for the child
- skills parents desire child to have
- skills nonhandicapped peers are using
- skills that are C.A. appropriate
- skills that will promote independence
- skills that will reduce normal/handicapped discrepancy
- skills valued by society
- skills that lead to less restrictive alternatives

Classroom Activity Analysis Worksheet

Activity	Person Responsible	Location/ Activity	As is		w/adapted materials		w/adapted curr/goals		w/personal assistance		Specific Adaptations
			YES	NO	YES	NO	YES	NO	YES	NO	

ECOLOGICAL ASSESSMENT

Student: ______________________________ Environment: ______________________________

Date: ______________________________

ROUTINE:		STUDENT INVENTORY	DISCREPANCY ANALYSIS	INTERVENTION OPTIONS
ACTIVITY:				
SKILLS:				
ACTIVITY:				
SKILLS:				
ACTIVITY:				
SKILLS:				

+ = Correct response
- = Incorrect response

Sample Sensori Motor Activities

Arts and Crafts

sponge painting
gelatin glop
stone sculpture
bubble bird cage
rain spatter painting

Gym

bowling blocks
scooterboards
obstacle courses

Transition

push/pull toys
wagon
find coat
animal walks
rope

Toileting/Diapering

go find diaper
mirror
mobile

Recess

sand/water play
toy hunt
hide and seek
fishing
paint brush and water
chalk on ground

Circle

selecting musical instruments
pulling object/out of snack
bringing toys to share
bringing book to read
ball game

Book Time

book hunt
put books together
make book pictures
make book sensory
make book object

Coming to/Leaving School

obstacle course
1 kid is greeter
building cubbies
give kids objects to go to group
hide moms

Snack

setting table
get food from fridge
making snack
clearing and cleaning
washing dishes
washing face and hands

Indoor Play

water play
block play
dress up
kitchen play
manipulative toy play

✓ = Opportunity to work on student's IEP objectives

Classroom Schedule

IEP Obj.											

PROGRAM-AT-A-GLANCE
(Facts about the student)

Student's name: ______________________ Date: ______________

IEP AT A GLANCE:
(Goals/objectives in a word)

POSITIVE STUDENT PROFILE:

Strengths:

Interests:

Likes:

MANAGEMENT NEEDS:
(Aspects of the educational program that you do to or for the student.)

Adapted from Thousand (1992)

ACTION PLAN			
WHAT HAS TO BE DONE?	WHO WILL DO IT?	WHEN WILL IT BE ACCOMPLISHED?	FOLLOW-UP ACTIVITIES

(McGill Action Plan)

RAP - HEAD START

NEW YORK ▪ NEW JERSEY ▪ PUERTO RICO ▪ U.S. VIRGIN ISLANDS

REGION II HEAD START ASSOCIATION

CALL FOR PAPERS

OFFICERS

JEAN DAVIS
(New York)
PRESIDENT

CECILE DICKEY
(New Jersey)
FIRST VICE-PRESIDENT

MATTIE L. BROWN
(New York)
SECOND VICE-PRESIDENT

BERYL CLARK
(New York)
RECORDING SECRETARY

ZENAIDA CONDE
(U.S. Virgin Islands)
CORRESPONDING SECRETARY

JEROLEAN ARTIS
(New York)
TREASURER

ZAIDA FERNANDEZ
(Puerto Rico)
ASSISTANT TREASURER

HELEN VAN RIPER
(New Jersey)
PARLIAMENTARIAN

April 12, 1995

Dear Head Start Grantees, Consultants, & Trainers,

It is time again to prepare for the Region II Head Start Association Training conference. Our 9th annual conference will take place at the Nevele Hotel in Ellenville, New York from November 12 through 16, 1995.

We are seeking a variety of workshop topics and presenters to reflect the many components of Head Start -- administration, education, health, social service, parent involvement, disabilities, nutrition, transportation, mental health, infants & toddlers, etc. Over 600 Head Start staff, parents, and friends are expected to attend, and we'd like to offer "something for everyone" . This year we would also like to include some workshops conducted in Spanish. Training days during the conference will be Monday, Tuesday, & Wednesday, November 13, 14 & 15. Workshop lengths are 2 1/2 hours.

I know that between Head Start staff, consultants, trainers and vendors we have a wealth of information and great ideas to share with each other. What do you have to offer? Please share your expertise !

Barbara Williams

Barbara Williams
Training Committee
Chairperson

BEST COPY AVAILABLE

NEW YORK ▪ NEW JERSEY ▪ PUERTO RICO ▪ U.S. VIRGIN ISLANDS

REGION II HEAD START ASSOCIATION

OFFICERS

JEAN DAVIS
(New York)
PRESIDENT

CECILE DICKEY
(New Jersey)
FIRST VICE PRESIDENT

MATTIE L. BROWN
(New York)
SECOND VICE PRESIDENT

BERYL CLARK
(New York)
RECORDING SECRETARY

ZENAIDA CONDE
(U.S. Virgin Islands)
CORRESPONDING SECRETARY

JEROLEAN ARTIS
(New York)
TREASURER

ZAIDA FERNANDEZ
(Puerto Rico)
ASSISTANT TREASURER

HELEN VAN RIPER
(New Jersey)
PARLIAMENTARIAN

December 21, 1995

Marie Brand
139 No. Beacon St.
Middletown, NY 10940

Dear Ms. Brand,

On behalf of the Region II Head Start Association Board, members and conference attendees, we'd like to thank you for presenting your workshop at our 9th annual conference.

Because of all of your contributions we were able to offer the participants a rich variety of topics. The feedback we have received is that the information given was relevant and will be put to good use.

Again thank you for your commitment and for helping to make our conference a success.

Sincerely,

Jean Davis
Jean Davis, President
Region II Head Start Association

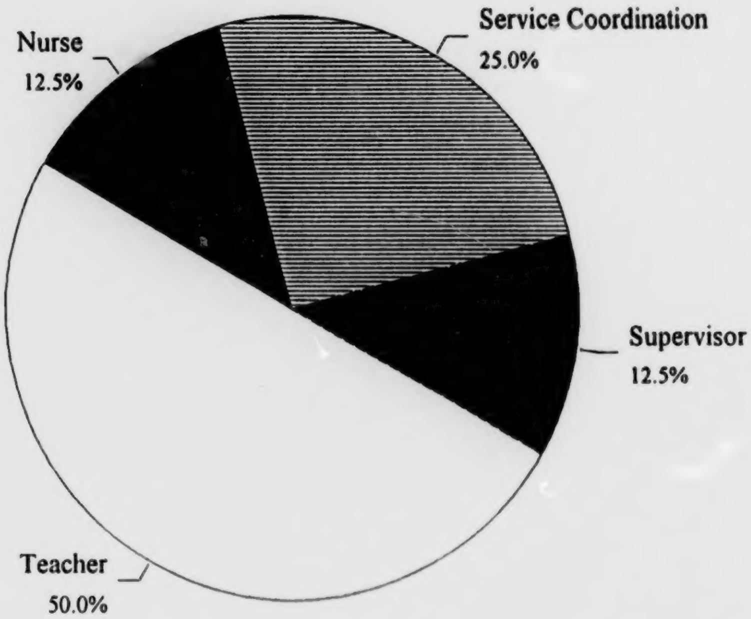
Barbara Williams
Barbara Williams
Training Committee Chairperson

BEST COPY AVAILABLE

PARTICIPANT LIST

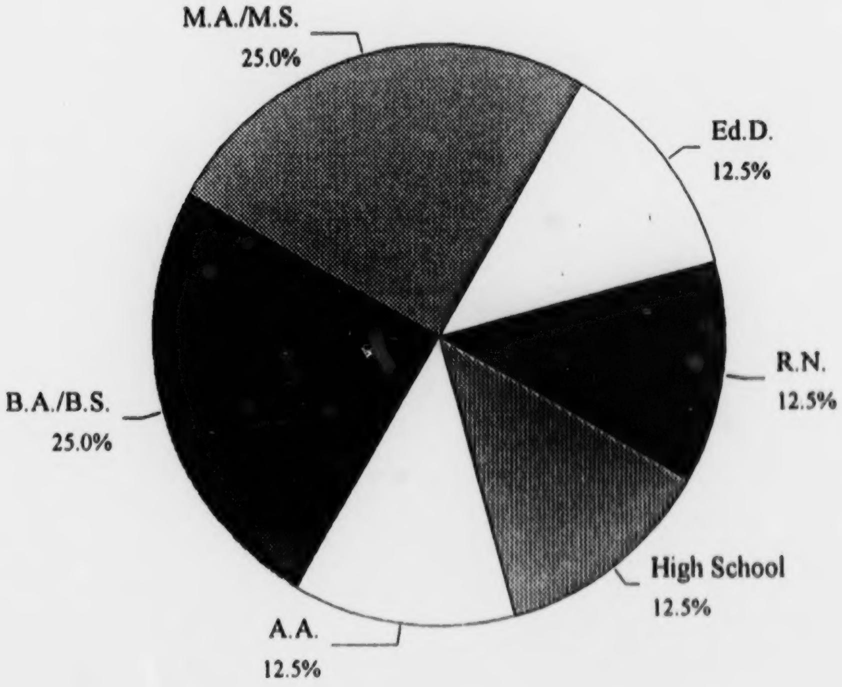
Region II Head Start - RAPP
11/15/95
TRAINING ID #42

NAME	ADDRESS	TELEPHONE
Cleo Wilder Comm. Rep. North Pres. Ch. Head Start	525-529 W. 155th Street New York, NY 10031	
Linda Salterthwaite Health Coord. BCCDC H.S.	29 Fayette Street Binghampton, NY 13902	607/723-8313
Mac S. Lee Disability Coordinator	Trenton Head Start 222 E. State Street Trenton, NJ 08609	609/392-2113
Rafael Rivera Director, Head Start	P. O. Box 1603 San Sebastian, Puerto Rico	809/280-3744
Francisco Roman Teacher, Head Start	P. O. Box 1603 San Sebastian, Puerto Rico	809/280-3744
Airianette Fuentes Disability Manager	535 41st Street Union City, NJ 07087	201/617-1445
Michelle Clark Teacher	Warren C. Head Start 296 Glen Street Glens Falls, NY 12801	518/793-3624
Patti Napoli	E. Greenbush H.S. E. Greenbush, NY	



Discipline of Participants Workshop 44 Presented at RAPP Head Start

(n=8)



Education Level of Participants Workshop 44 Presented at RAPP Head Start

(n=8)

CONSUMER SATISFACTION SUMMARY
WORKSHOPS - Session 44

Agreement with statement
(1=strongly disagree; 3=normal;
5=strongly agree)

Statement	Mean	Standard Deviation	n
Objectives of the training were met.	4.50	.55	6
All topics on the agenda were addressed.	4.50	.55	6
The materials (e.g., readings, overheads) were relevant to the training content.	5.00	.00	6
Adequate illustrations and examples were used during presentations.	4.83	.41	6
Time was well organized	5.00	.00	6
The information is relevant and can be applied to my work situation.	5.00	.00	6
I feel I now have a better understanding of the subject presented.	4.83	.41	6
The presenters were well organized and prepared.	5.00	.00	6
The presenters were knowledgeable in the subject.	5.00	.00	6
The presenters used a variety of activities that correspond with the content.	5.00	.00	6
The presenters were easy to listen to.	5.00	.00	6
The presenters valued our input.	5.00	.00	6
I found the environment to be comfortable.	4.33	.52	6
There was adequate time for breaks during the training sessions.	4.67	.52	6
The size of the group was appropriate for the sessions.	4.50	.55	6
The location of the training was convenient for me.	4.50	.55	6
The day and time of the training was convenient for me.	4.67	.52	6

ANNUAL REGION II HEAD START ASSOCIATION TRAINING CONFERENCE

Nevele Hotel

November 12 - 16, 1995

Head Start's Contract With America - "The Real Deal"

Sunday, Nov. 12	Monday, Nov. 13	Tuesday, Nov. 14	Wednesday, Nov. 15	Thursday, Nov. 16
Conference Committee 9:00am - 1:00pm	Breakfast 7:00am - 9:00am	Breakfast 7:00am - 9:00am	Breakfast 7:00am - 9:00am	Breakfast 8:00am - 9:00am
Region II Board Meeting 10:00am - 2:00pm Lunch	State Meetings 9:30am - 11:30am	NHSA Presentation 9:15am - 10:00am Dining Room	Regional Office Presentation 9:15am - 10:00am Dining Room	General Membership Meeting 9:00am - 12:00pm
Registration 1:00pm - 6:00pm	Registration 9:00am - 5:00pm	Registration 9:00am - 12pm	Registration 9:00am - 12pm	
CDA Representative Refresher Course 2:00pm - 5:00pm	Region II Board Meeting 11:30am - 3:00pm	Training 10:00am - 12:30pm	Training 10:00am - 12:30pm	Lunch 12:30pm
Affiliate Meetings 5:00pm - 6:30pm	Lunch 1:00pm - 2:00pm	Lunch 1:00pm - 2:00pm	Lunch 1:00pm - 2:00pm	
30th Anniversary Dinner Celebration 7:00pm - 8:30pm	Training 2:30pm - 5:00pm	Tours/Reflection Time 12:00pm - 5:00pm	Training 2:30pm - 5:00pm	
Entertainment/Stardust Room 9:00pm - 10:30pm	Cocktail Party/Networking 6:00pm - 7:00pm	Dinner 7:00pm - 8:30pm	Banquet 7:00pm - 10:00pm	
DJ in the Safari Lounge 10:30pm - 1:00pm	Opening Session Dinner 7:00pm - 9:00pm	Entertainment/Stardust Room 9:00pm - 11:00pm	Entertainment/Stardust Rm 10:00pm - 11:30pm	
	Entertainment/Stardust Room 9:30pm - 11:00pm		DJ in the Safari Lounge 11:30pm - 1:00am	
	DJ in the Safari Lounge 11:00pm - 1:00am			
Visit Exhibits 1:00pm - 6:00pm	Visit Exhibits 8:00am - 6:00pm	Visit Exhibits 8:00am - 5:00pm	Visit Exhibits 8:00am - 1:00pm	

☆ Conference Committee Meeting - Saturday, November 11th at 12 Noon ☆

BEST COPY AVAILABLE

DELAWARE COUNTY PUBLIC HEALTH

DELAWARE COUNTY
PUBLIC HEALTH NURSING SERVICE
P.O. BOX 162, HAMDEN, NEW YORK 13782
Jo Ann Van Pelt Director of Patient Services

Hamden Office

Home Care Division
Family Health
Disease Control
Immunization
Lead Program
P.H.C.P.

607-746-3166
607-865-6017
FAX: 607-865-7865

Delhi Office

Long Term Home
Health Care Program

607-746-3819
FAX: 607-746-3243

Early Intervention
Program

607-746-8282
FAX: 607-746-3243

Rabies Program

607-746-2796
FAX: 607-746-3243

April 11, 1996

Marie Brand
Community Inclusion Project
105 Prospect Avenue
Middletown, NY 10940

Dear Marie,

Thank you for coming to Delaware County to provide our first early intervention conference. I received many verbal compliments about the conference and we all found it exciting to have this interactive presentation available locally. I appreciate all the time and effort you put into this project for us. This was the first time we had such a variety of local providers together for training and the networking was an important part of the day.

I have forwarded your voucher to the treasurer's office for payment. If you do not receive a check in 2-3 weeks please contact our office. I look forward to working with you on future projects.

Very truly yours,

Bonnie W. Hamilton

Bonnie W. Hamilton
Early Intervention Official Designee

BEST COPY AVAILABLE

What services are offered?

- Screening and evaluation
- Service Coordination
- Home Visits
- Speech and Language Therapy
- Physical Therapy
- Occupational Therapy
- Psychological Therapy
- Social Work Services
- Parenting Skills and Family Counseling
- Education
- Transportation
- Parent to Parent Support
- Respite
- Adaptive Equipment
- Vision and Hearing Services
- Nutrition Services
- Nursing Services

If you have any questions regarding the Early Intervention Program, please call:

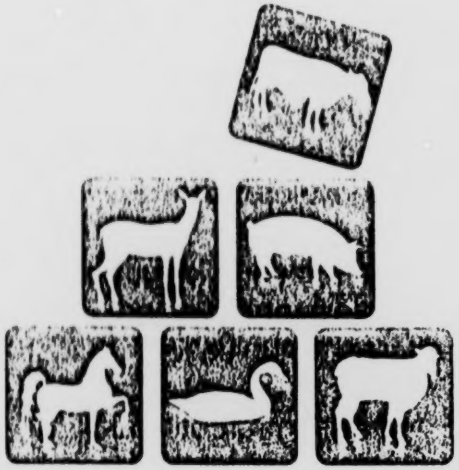
DELAWARE COUNTY
PUBLIC HEALTH
NURSING SERVICE
Early Intervention
Program

P.O. Box 162
Hamden NY 13782

607-746-8282
FAX 607-746-3243

Not all kids develop the same way.

Some need extra help.



Delaware County Early Intervention Program

Participant List

Delaware County Public Health
March 27, 1996
Workshop #45

Name	Address	Telephone
Julie C. Ford	H.C. 1 Stillwater Homestead Denver, NY 12421	(607) 326-3025
Karen a\A. Dorosky	Box 344 Peck Street Stamford, NY 12167	
Marcia E. Bagley	Box 75 Meridale, NY 13806	(607) 746-2791
JoAnn M. VanPelt	RD #2 Box 276 Bainbridge, NY 13733	(607) 265-3476
Martha M. James	P.O. Box 254 Cooperstown, NY 13325	(607) 965-8311
Shirley Tripp	40 Cedar Street Oneonta, NY 13820	(607) 433-0655
Kathie A. Greenblatt	29 Ceperley Avenue Oneonta, NY 13820	(607) 432-7053
Susan M. Penk	Apt. 13A 13-15 Miller Street Oneonta, NY 13820	(607) 433-6761
Beverly M. Tuthill	Box 273 Treadwell, NY 13846	(607) 829-3716
JoAnn L. Currie	9 Clinton Plaza Drive Box 327 Oneonta, NY 13820	(607) 988-9427
Nancy L. Walsh	HC 87 Box 315 Delhi, NY 13753	(607) 746-3289
Jeanne M. Keatton	P.O. Box 288 Treadwell, NY 13846	(607) 829-8329
Jane C. Contello	RR1 Box 279A Walton, NY 13856	(607) 865-6446
Nora M. Hall	RR3 Box 24 Walton, NY 13856	(607) 865-5359

Delaware County Public Health - March 27, 1996 - continued

Name	Address	Telephone
Rachel Y. Beaulieu	HC 63 Box 74 Hancock, NY	(607) 637-2844
Beth D. Bonacum	Box 3 Bovina Center, NY 13740	832-4880
Donna M. Cashman	1427 Salt Springs Road Chittenongo, NY 13037	(315) 687-9260
Jennifer L. Kollig	120 Delaware Avenue, #4 Delhi, NY 13753	(607) 746-3983
Linda E. Noble	21 South Main Street Bainbridge, NY 13733	(607) 967-5152
Marcia J. Hammond	RD #3 Box 465 Walton, NY 13856	(607) 865-5560
Marcy Barr	P.O. Box 197 Hobart, NY 13788	538-9144
Carol L. Omahen	200 Circle Drive Sidney, NY 13838	(607) 563-8900
Cathy M. Bartlett	RD #3 Box 131 Walton, NY 13856	(607) 865-8776
Shirley M. Foreman	RD 2 Box 170 Walton, NY 13856	(607) 865-5716
Loretta M. Beckmann	RR3 Box 477K Walton, NY 13856	(607) 865-6070
Judy L. Velten	23 Union Street Walton, NY 13856	(607) 865-8108
Betty Jane Savage-Vass	P.O. Box 134 15 Maple Park Avenue Hobart, NY 13788	(607) 538-1700
Betty F. Burr	320 Chestnut Street Oneonta, NY 13820	(607) 432-1013
Lori Kinch-Ashley	P.O. Box 164 Franklin, NY 13775	(607) 829-2817

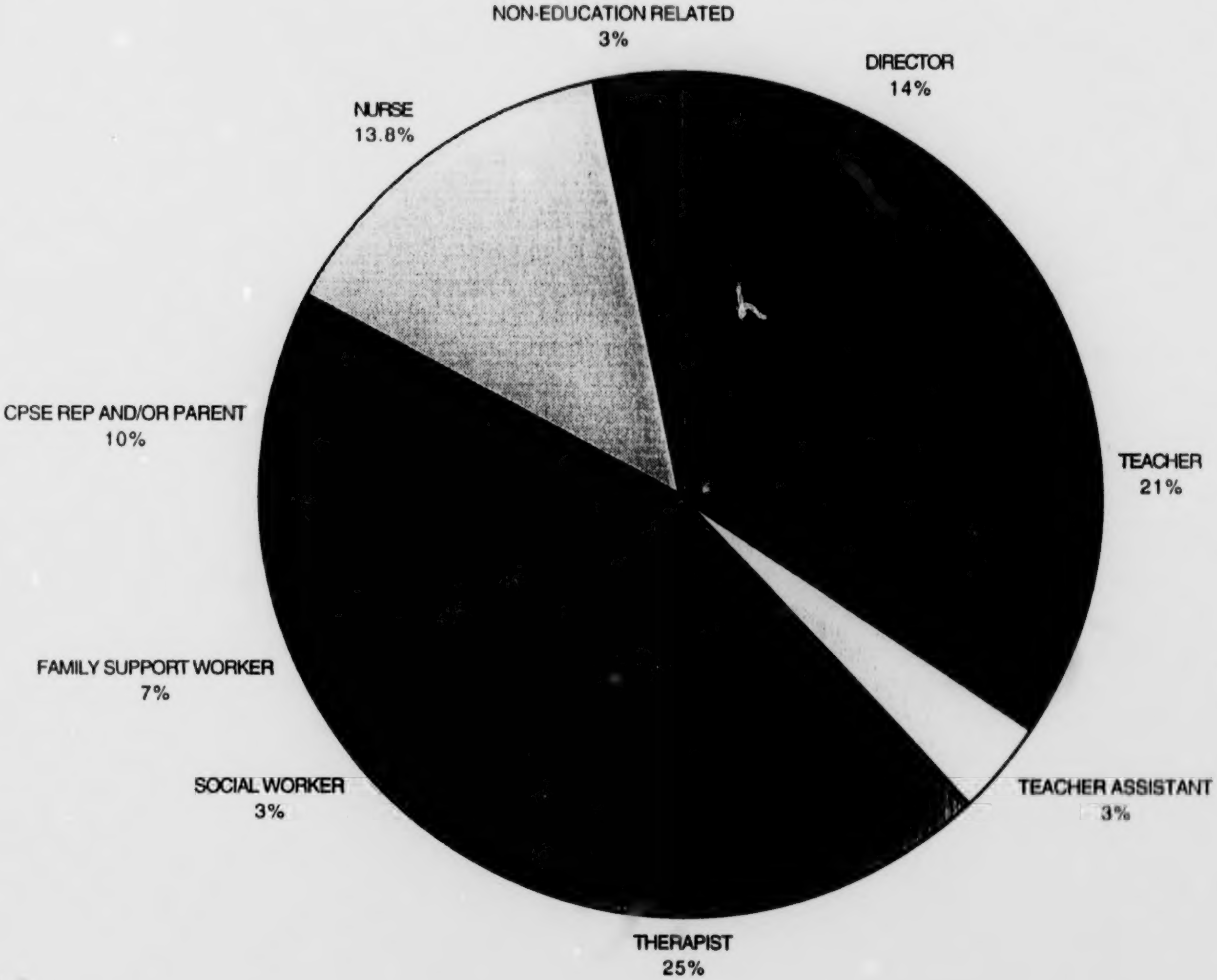


Figure 11: Discipline of Participants for Workshop 45 (N=29)

CONSUMER SATISFACTION SUMMARY
WORKSHOP 45

Statement	Agreement with statement (1=strongly disagree; 3=normal; 5=strongly agree) Mean	Standard Deviation	n
Objectives of the training were met.	4.48	.68	21
All topics on the agenda were addressed.	4.71	.46	21
The materials (e.g., readings, overheads) were relevant to the training content.	4.71	.46	21
Adequate illustrations and examples were used during presentations.	4.62	.59	21
Time was well organized	4.62	.59	21
The information is relevant and can be applied to my work situation.	4.10	.83	21
I feel I now have a better understanding of the subject presented.	4.48	.75	21
The presenters were well organized and prepared.	4.90	.31	20
The presenters were knowledgeable in the subject.	4.86	.36	21
The presenters used a variety of activities that correspond with the content.	4.57	.68	21
The presenters were easy to listen to.	4.81	.40	21
The presenters valued our input.	4.81	.51	21
I found the environment to be comfortable.	4.65	.49	20
There was adequate time for breaks during the training sessions.	4.71	.46	21
The size of the group was appropriate for the sessions.	4.76	.44	21
The location of the training was convenient for me.	4.62	.67	21
The day and time of the training was convenient for me.	4.67	.58	21

BEST COPY AVAILABLE

KENWOOD CHILD DEVELOPMENT CENTER

KENWOOD CHILD DEVELOPMENT CENTER
PHILOSOPHY STATEMENT

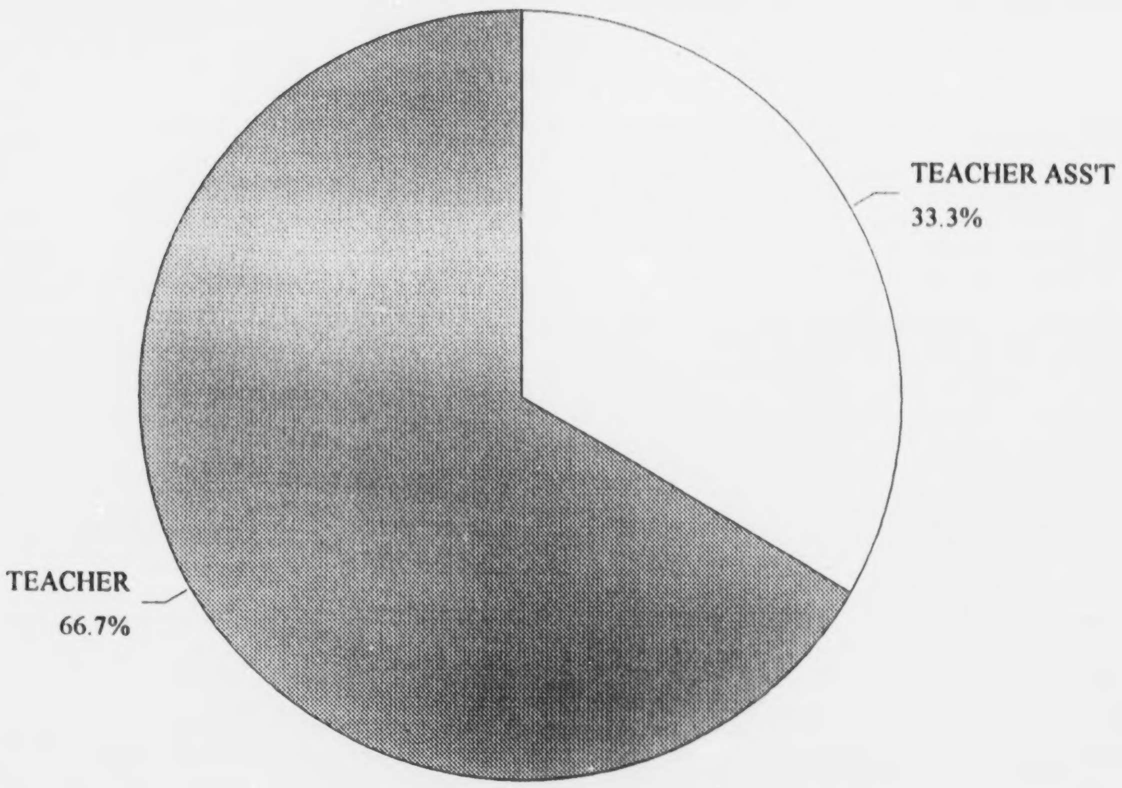
The Center is committed to providing quality child care for young children and their families...that is, a level of care which is concerned with children's total development, including their relationship with their individual families. At Kenwood, we strive to provide an environment for each child which facilitates the development of:

- a sense of self esteem;
- the capacity to trust people and feel secure;
- enjoyment of other people, both children and adults;
- increasing awareness of, and sensitivity to, the needs and feelings of others;
- the capacity to interact and communicate properly and effectively;
- feelings of mastery and competence;
- a curiosity about the world, and the ability to take pleasure in learning and exploring;
- autonomy and independence;
- the ability to comprehend language and events;
- a sense of community, and an awareness of, and appreciation for societal diversity;
- the specific skills which are appropriate for the child's developmental level;
- generalized learning skills, including questioning and inquiry, problem solving, etc.;
- expressive skills in a variety of media, including music, art, movement, etc.

Participant List

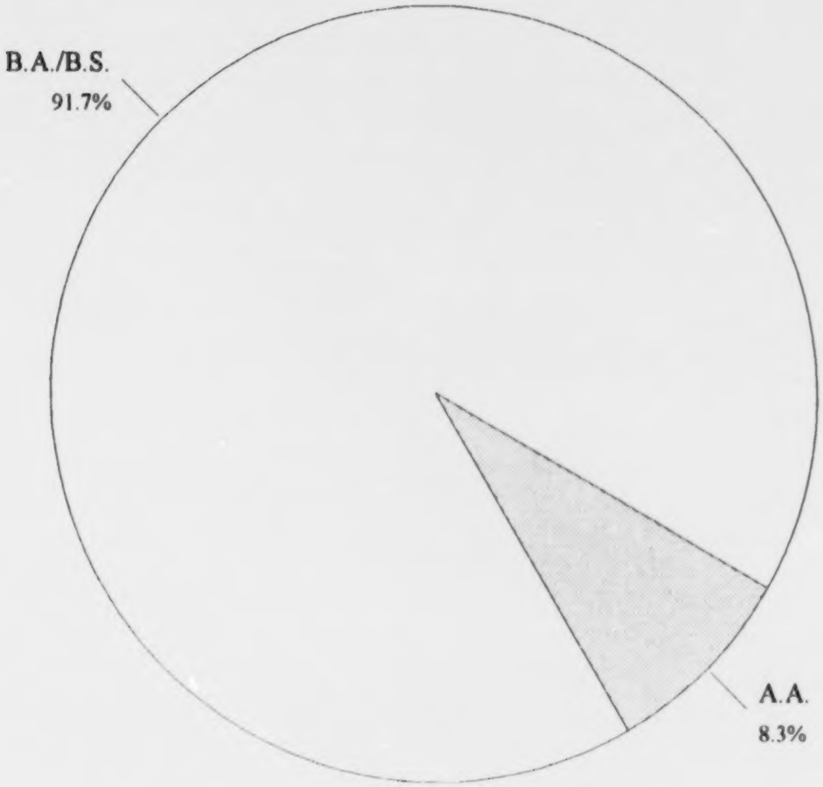
Kenwood Child Development Center
May 2, 1996
Workshop #46

Name/Title/Agency	Address	Telephone
Terri Dizacomo	11 Houseman Avenue Chatham, NY 12037	392-2741
Barbara Ditschler	43 Leonx Road Nassau, NY 12123	766-7107
Liz Johnson	124 4th Avenue Albany, NY 12202	426-0087
Sandy Sweet	124 Clermont Street Albany, NY 12203	438-9239
Kristen Niland	P.O. Box 161 Altancort, NY 12009	861-5444
Monique A. Haller	Mare Lane Ext. East Berne, NY 12059	872-9840
Brenda Ogden	3854 Roue 203 Valatie, NY 12184	784-3247
Amy Y. Humphrey	1 Kenaware Avenue Delmar, NY 12054	439-9716
Joanne Messick	7 Luke Street Coxsackie, NY 12051	
Melissa Wronoski	Kenwood Child Development Center	
Jennifer Bee	13 Colatosti Place Albany, NY 12208	437-1221
Debbie Hartnagel	173 Old Quarry Road Ferua Bush, NY	767-9086
Donna M. Ortiz	124 Certmont Street Albany, NY 12203	438-9239
Deb Allenye	33 Arrowwood Place Ballston Spa, NY	899-6353



Discipline of Participants Workshop 46

(n = 12)



Education Level of Participants Workshop 46

(n=12)

CONSUMER SATISFACTION SUMMARY
WORKSHOP 46

	Agreement with statement (1 = strongly disagree; 3 = neutral; 5 =strongly agree)		
Statement	**Mean**	**Standard Deviation**	**N**
Objectives of the training were met.	5.00	.00	12
All topics on the agenda were addressed.	5.00	.00	12
The materials (e.g., readings, overheads) were relevant to the training content.	5.00	.00	12
Adequate illustrations and examples were used during presentations.	4.92	.29	12
Time was well organized.	4.92	.29	12
The information is relevant and can be applied to my work situation.	5.00	.00	12
I feel I now have a better understanding of the subject presented.	5.00	.00	12
The presenters were well organized and prepared.	5.00	.00	12
The presenters were knowledgable in the subject.	5.00	.00	12
The presenters used a variety of activities that corresponded with the content.	4.92	.29	12
The presenters were easy to listen to.	4.92	.29	12
The presenters valued our input.	5.00	.00	12
I found the environment to be comfortable.	4.58	.51	12
There was adequate time for breaks during the training sessions.	4.75	.45	12
The size of the group was appropriate for the sessions.	4.83	.39	12
The location of the training was convenient for me.	4.83	.39	12
The day and time of the training was convenient for me.	4.92	.29	12

Participant List

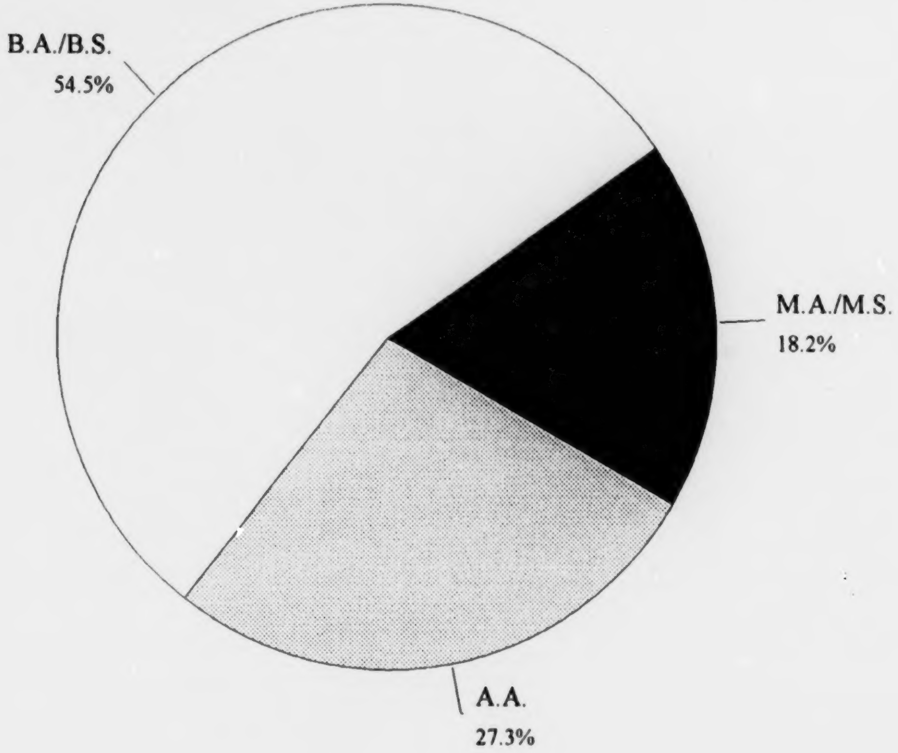
Kenwood Child Development Center
May 16, 1996
Workshop #47

Name/Title/Agency	Address	Telephone
Jean Eskeli Family Service Coordinator	15 Alden Avenue Albany, NY 12209	434-0524
Anne Hofnagel Occupational Therapy	93 Kenosha Street Albany, NY 12209	465-3917
Brenda Westbrook Family Service Worker	142 5th Avenue Troy, NY 12180	235-6158
Karen Venduro	297 South Main Avenue Albany, NY 12208	438-4231
Marta Plass Teacher Assistant	20 Adams Place Palmer, NY 12054	475-0727
Fran Mallan SEIT Speech Therapist	P.O. Box 104 Waterford, NY 12188	664-6647
Erika L. Madelane Speech Therapist	80 Marra Lane Schenectady, NY 12303	355-0252
Patti Johnson Teacher	36 Elmhurst Avenue Albany, NY 12205	489-9061
Heather Culley Special Ed Teacher	121 Winne Road Delmar, NY 12054	478-7802
Ronnie Wallace Teacher Assistant	1048 Maple Hill Road Castleton, NY 12033	732-2395
Deb Jackowsk Teacher	49 Westchester Drive Clifton Park, NY 12065	
Jennifer Fox Teacher Assistant	473 Kenwood Avenue Delmar, NY 12054	439-7827
Nicole Clarke Teacher Assistant	23 AHL Avenue Albany, NY 12205	459-4351
Kristen Mirabile Teacher Assistant	3 New Scotland Avenue Feura Bush, NY 12067	

Participant List (continued)

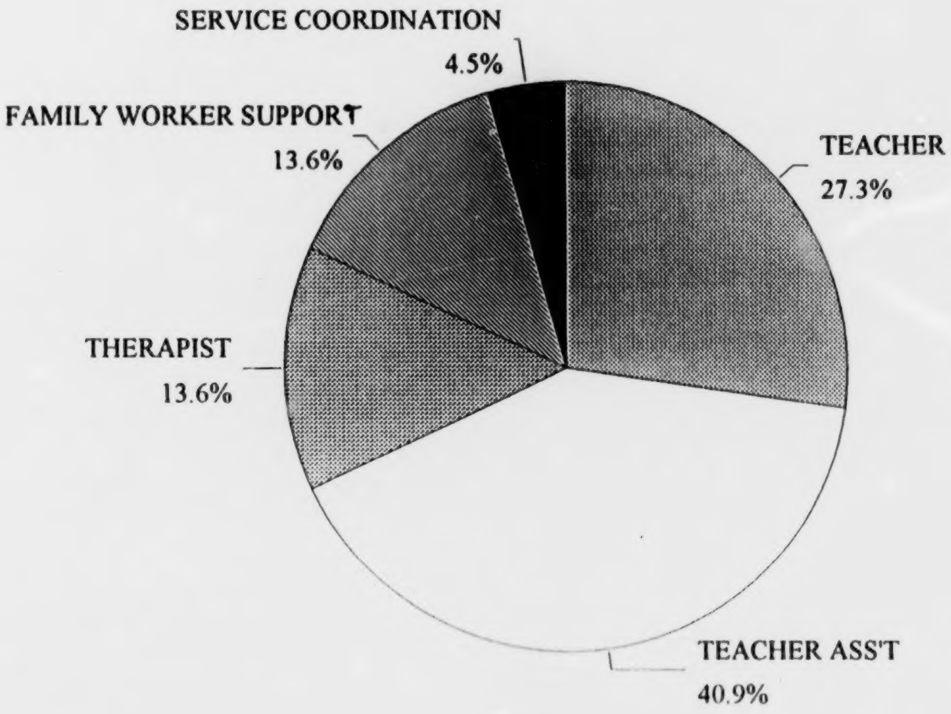
Kenwood Child Development Center
May 16, 1996
Workshop #47

Name/Title/Agency	Address	Telephone
Sheila Diana Teacher	185 Tampa Avenue Albany, NY 12208	482-8416
Joan Bess Teacher Assistant	P.O. Box 117 Voorhassette, NY 12186	765-5523
Mary Koehler Teacher	12 Deerwood Drive, Albany, NY 12205	438-4334
Shane Adams Family Service Worker (Day Care)	17C Coachman Square Twin Lakes Clifton Park, NY 12065	383-5232
Lynda Dramchak Special Ed Coordinator SEIT	276 Old London Road, #94 Ledlam, NY 12110	785-0823
Gina Yarn Day Care Coordinator	68 Catherine Street Albany, NY 12202	432-9294
Nikki Ashcroft Teacher Assistant	142 New Turnpike Road Troy, NY 12182	233-9188
Corina Holloway Teacher Assistant	213 Second Avenue Albany, NY 12202	433-1230
Valerie Joseph Floating Sub	15 Rita Lane Loudonville, NY 12211	436-1527
Katie Brandon Teacher	149-6 Beaverdam Road Selkirk, NY 12158	767-9251



Education Level of Participants Workshop 47

(n=22)



Discipline of Participants Workshop 47

(n = 22)

CONSUMER SATISFACTION SUMMARY
WORKSHOP 47

Agreement with statement
(1 = strongly disagree; 3 = neutral;
5 =strongly agree)

Statement	Mean	Standard Deviation	N
Objectives of the training were met.	5.00	.00	19
All topics on the agenda were addressed.	4.95	.23	19
The materials (e.g., readings, overheads) were relevant to the training content.	4.95	.23	19
Adequate illustrations and examples were used during presentations.	5.00	.00	19
Time was well organized.	5.00	.00	19
The information is relevant and can be applied to my work situation.	4.95	.23	19
I feel I now have a better understanding of the subject presented.	4.95	.23	19
The presenters were well organized and prepared.	5.00	.00	19
The presenters were knowledgable in the subject.	5.00	.00	19
The presenters used a variety of activities that corresponded with the content.	5.00	.00	19
The presenters were easy to listen to.	4.89	.32	19
The presenters valued our input.	4.95	.23	19
I found the environment to be comfortable.	4.89	.32	19
There was adequate time for breaks during the training sessions.	4.74	.42	19
The size of the group was appropriate for the sessions.	4.79	.42	19
The location of the training was convenient for me.	4.89	.32	19
The day and time of the training was convenient for me.	4.89	.32	19

BEST COPY AVAILABLE

"INCLUDING FAMILIES IN THE PROCESS"

Kenwood Child Development Center

Community Inclusion Project

"INCLUDING FAMILIES IN THE PROCESS"

AGENDA

Why is it Important to Include Families?

Levels of Family Involvement

What Role Should Families Play?

How Are We Currently Including Families in Our Programs?

In What Other Ways Might We Include Families?

Video: "Heart to Heart"

BEST COPY AVAILABLE

Objectives

Participants will be able to:

- Define the term "family";
- Identify extent to which families may want to be involved;
- Identify roles families may play;
- Identify ways families are currently involved in their program;
- Brainstorm additional ways to include families.

BEST COPY AVAILABLE

RESOURCES

Gartner, A. Parents, no longer excluded, just ignored: Some ways to do it nicely. Exceptional Parent, 18(1), 40-41.

Johnston, M.S. (1982) Strategies for a successful parental involvement program. In Brigham Young University Press (Ed.), How to involve parents in early childhood education. Provo, UT: Brigham Young University Press.

Lillie, D.L., & Place, P.A. (1982). Partners: A guide to working with schools for parents of children with special instructional needs. Glenview, IL: Scott, Foresman and Co.

Mulick, J.A., & Pueschel, S.M. (Eds.). (1983). Parent-professional partnerships in developmental disabilities services. Cambridge, MA: Academic Guild.

Project ETC. (1990). Special training for special needs, module 3: Parent involvement. Minneapolis, MN: Greater Minneapolis Day Care Association and Portage, WI: The Portage Project.

Turnbull, A.P., & Turnbull, H.R. (1986). Families, professionals, and exceptionality: A special partnership. Columbus, OH: Merrill Publishing Co.

A FAMILY-CENTERED APPROACH

TO INCLUSION OF CHILDREN

- Recognize the family's central role in the child's life.
- Respect and support each family's uniqueness
- Provide adequate information to family.
- Provide opportunities for families to ask questions.
- Create times when families can observe inclusion in action.
- Create options to "try out" inclusion for the child and family
- Enable families to become informed decision makers regarding full inclusion for their young child with special needs.
- Respect the cultural, ethnic, linguistic and religious diversity of families.
- Create options for inclusion based upon the family's definition of community.

CULTURALLY-SENSITIVE

Care that is responsive to the values, beliefs, social norms, and behaviors of the individuals or population being served. Recognition of the values of different population groups.

Cultural Considerations

PRIMARY FAMILY RELATIONSHIP

CHILD REARING

SUPPORT NETWORKS

SOCIAL ETIQUETTE

SENSE OF TIME

NOISE AND MOVEMENT

BELIEF IN FATE

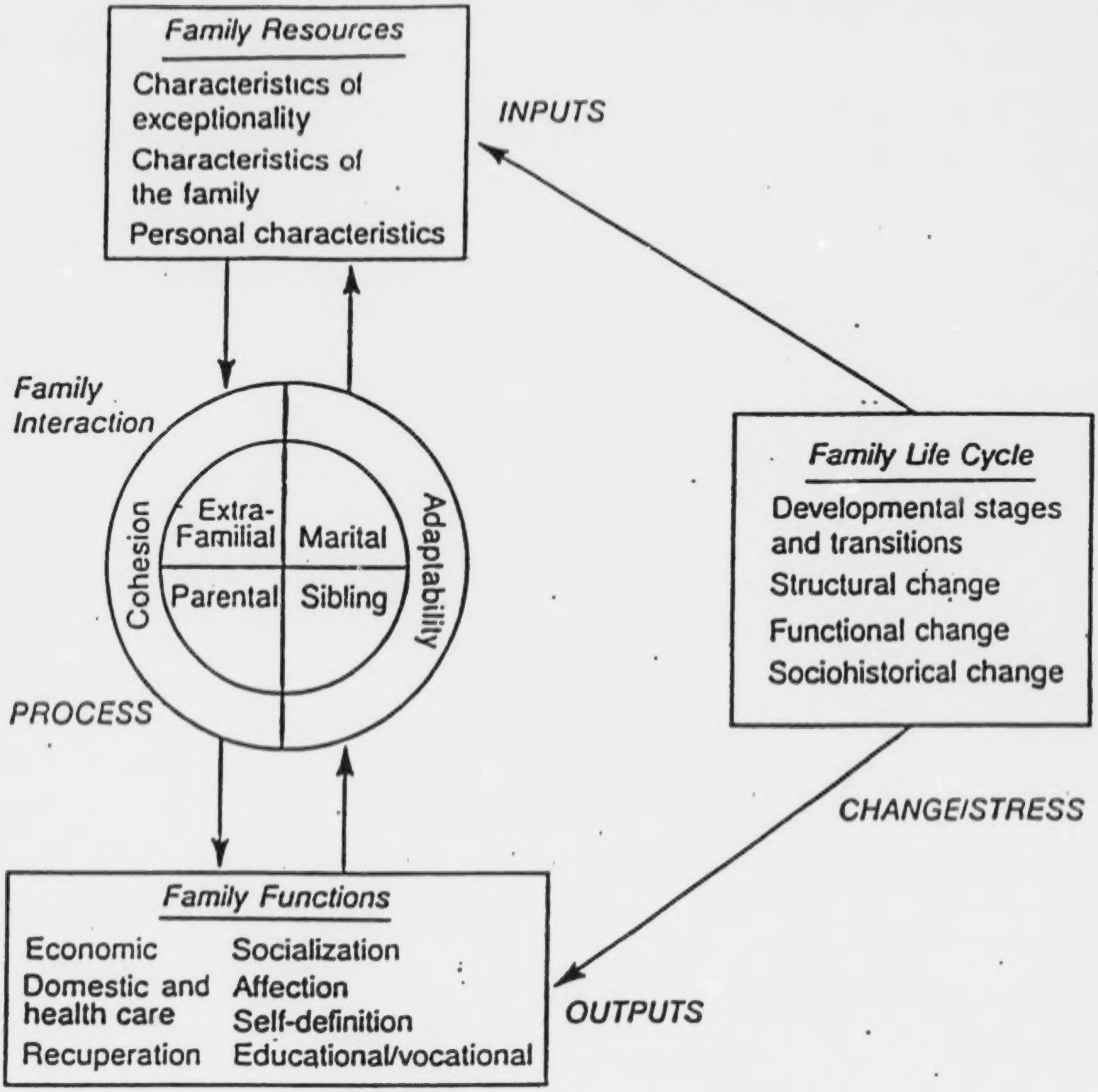

Family Resources
Characteristics of exceptionality
Characteristics of the family
Personal characteristics
INPUTS
Family Interaction
Cohesion
Extra-Familial
Marital
Parental
Sibling
Adaptability
PROCESS
Family Life Cycle
Developmental stages and transitions
Structural change
Functional change
Sociohistorical change
CHANGE/STRESS
Family Functions
Economic
Domestic and health care
Recuperation
Socialization
Affection
Self-definition
Educational/vocational
OUTPUTS

Figure 1–1
FAMILY SYSTEMS CONCEPTUAL FRAMEWORK

Note: From Working with Families with Disabled Members: A Family Systems Approach (p. 60) by A. P. Turnbull, J. A. Summers, and M. J. Brotherson, 1984, Lawrence, KS, Kansas University Affiliated Facility, University of Kansas.

Principles of Family/Professional Collaboration

1 promotes a relationship in which family members and professionals work together to ensure the best services for the child and the family;

2 recognizes and respects the knowledge, skills and experience that families and professionals bring to the relationship;

3 acknowledges that the development of trust is an integral part of a collaborative relationship;

4 facilitates open communication so that families and professionals feel free to express themselves;

5 creates an atmosphere in which the cultural traditions, values, and diversity of families are acknowledged and honored;

6 recognizes that negotiation is essential in a collaborative relationship; and

7 brings to the relationship the mutual commitment of families, professionals, and communities to meet the needs of children with special health needs and their families.

SEVEN LEVELS OF PARENT INVOLVEMENT

Level I: Passive receptivity to program involvement for the child

Level II: Minimal involvement in program for the child

Level III: Involvement as trainee in intervention strategies

Level IV: Involvement as fully participating member of interdisciplinary team

Level V: Involvement as counselor of other families of handicapped children

Level VI: Involvement as advocate and policy maker

Level VII: Involvement as program initiator and developer

"In communication, listening is our most used skill. We use listening skills 45% of the time, talking skills 30% of the time, reading skills 15% of the time, and writing skills 10% of our total communication time. Although listening skills are often used, we retain less than 50% of what we hear in a ten minute speech immediately after its presentation, and 25% of the content after 48 hours."

T-2

CHARACTERISTICS OF GOOD LISTENERS

1. Good listeners give the other person an opportunity to talk.

2. Good listeners establish an environment in which the person feels comfortable speaking.

3. Good listeners demonstrate interest by asking appropriate questions.

4. Good listeners lead the other to talk.

5. Good listeners show interest through their body language.

6. Good listeners attend to content, not delivery.

7. Good listeners listen to the complete message.

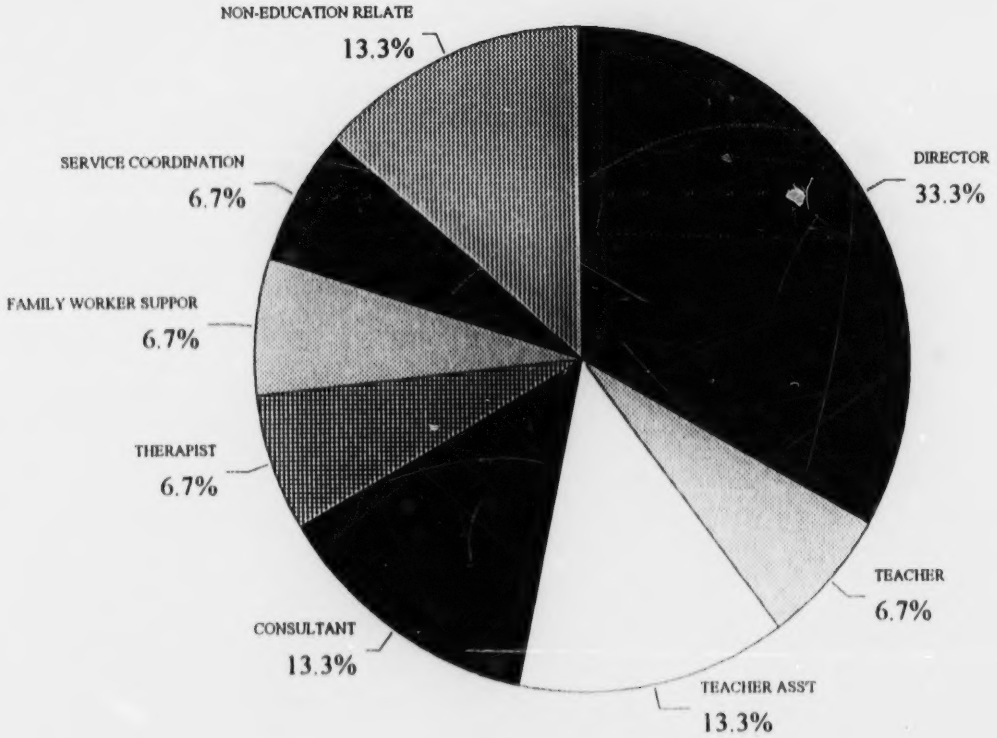
8. Good listeners listen for the main ideas.

EARLY CHILDHOOD LEARNING CENTER

Participant List

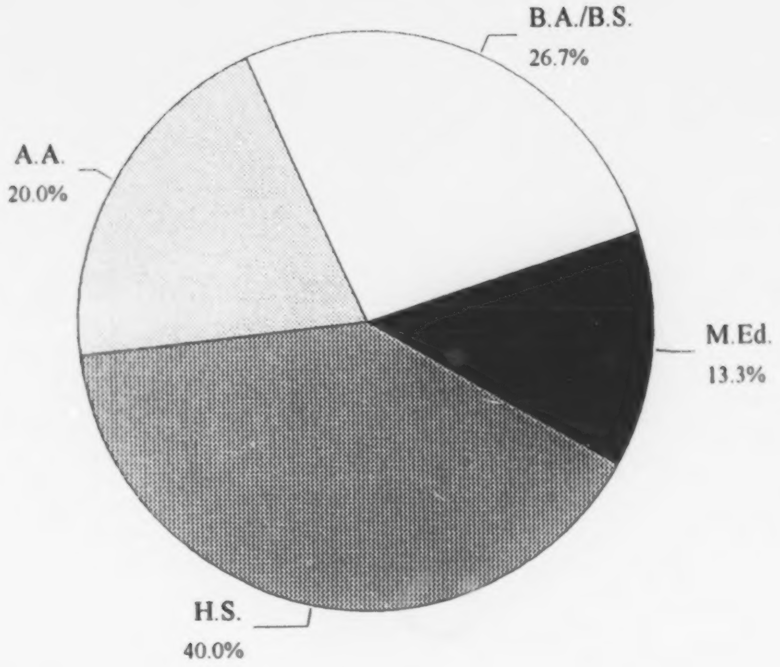
Early Childhood Learning Center, South Cairo, NY
May 22, 1996
Workshop #48

Name/Title/Agency	Address	Telephone
Kate Izzo 8CM 9CPHNSGP	159 Jefferson High Suite 201A P.O. Box 771 Catskills, NY 12414	(518) 943-6591 X-227
Jennifer Kline, Director Child Care Council of Columbia & Greene	62 1/2 Maple Avenue Hudson, NY 12534	(518) 822-1944
Sheila Caferty E10 GCPANS/EIP	159 Jefferson High Suite 201A P.O. Box 771 Catskills, NY 12414	(518) 943-6591 X-205
Mary Anne Ravek Homemaker	R.D. Box 101 Vandenberg Road Coxsackie, NY 12051	(518) 731-2818
Christina Carey, Director Giving Tree Preschool	40 Woodland Avenue Catskill, NY	(518) 943-5281
Daniel T. Agosto Giving Tree Preschool	40 Woodland Avenue Catskill, NY	(518) 943-5281
Tiffany Richards, Teacher Asst. Giving Tree Preschool	40 Woodland Avenue Catskill, NY	(518) 943-5281
Lorie Dupuis, Teacher Circle of Friends	Route 9W Ravena, NY	(518) 622-8382
Beatrice Reis Director, ECLC	7 Luke Street Coxsackie, NY 12051	(518) 622-8382
Therese Rowcroft Phys. Therapist, ECLC	Route 23B South Cairo, NY	(518) 622-8382
Cecelia Chlystein Center Director, Aston Home for Children	30 Benner Road Red Hook, NY	(914) 876-1055
Mary Ellen Hernandez Home School ECLC	Route 23B South Cairo, NY 12482	(518) 622-8382
Charlotte Boardman Ed/Disabilities Coord. Green Co. Head Start	19 South Jefferson Avenue Catskill, NY 12414	(518) 943-3437
Marianne Jackson Handicap Ser Specialist Greene Co. Head Start	19 South Jefferson Avenue Catskill, NY 12414	(518) 943-3252
Joanne Conlin Parent	P.O. Box 812 Windham, NY 12496	(518) 734-6285



Discipline of Participants Workshop 48

(n = 15)



Education Level of Participants Workshop 48

(n=15)

CONSUMER SATISFACTION SUMMARY
WORKSHOP 48

Agreement with statement
(1 = strongly disagree; 3 = neutral;
5 =strongly agree)

Statement	Mean	Standard Deviation	N
Objectives of the training were met.	4.43	.65	14
All topics on the agenda were addressed.	4.5	.52	14
The materials (e.g., readings, overheads) were relevant to the training content.	4.71	.47	14
Adequate illustrations and examples were used during presentations.	4.64	.63	14
Time was well organized.	4.36	.74	14
The information is relevant and can be applied to my work situation.	4.71	.47	14
I feel I now have a better understanding of the subject presented.	4.36	.50	14
The presenters were well organized and prepared.	4.79	.43	14
The presenters were knowledgable in the subject.	4.79	.43	14
The presenters used a variety of activities that corresponded with the content.	4.43	.65	14
The presenters were easy to listen to.	4.86	.36	14
The presenters valued our input.	4.86	.36	14
I found the environment to be comfortable.	4.29	.83	14
There was adequate time for breaks during the training sessions.	4.50	.65	14
The size of the group was appropriate for the sessions.	4.57	.65	14
The location of the training was convenient for me.	4.43	.65	14
The day and time of the training was convenient for me.	4.14	1.10	14

EARLY CHILDHOOD LEARNING CENTER

INCLUSIVE SETTINGS: WELCOMING YOUNG CHILDREN WITH DISABILITIES AND THEIR FAMILIES

May 22, 1996

Presented by:

Marie Brand

Project Coordinator, Community Inclusion Project for
Young Children With Disabilities
University of Connecticut

OBJECTIVES

Participants will:

- define the basic concepts surrounding inclusion;
- identify benefits and concerns of inclusion;
- define types of teams;
- understand collaborative teamwork;
- examine ways to include families in the process;
- develop methods for adapting activities for children with disabilities;

AGENDA

WHAT IS INCLUSION? (Overview)

VIDEO: "Our Babies, Our Future"

BENEFITS AND CONCERNS OF INCLUSION

DEVELOPING A COLLABORATIVE TEAM

INCLUDING FAMILIES IN THE PROCESS

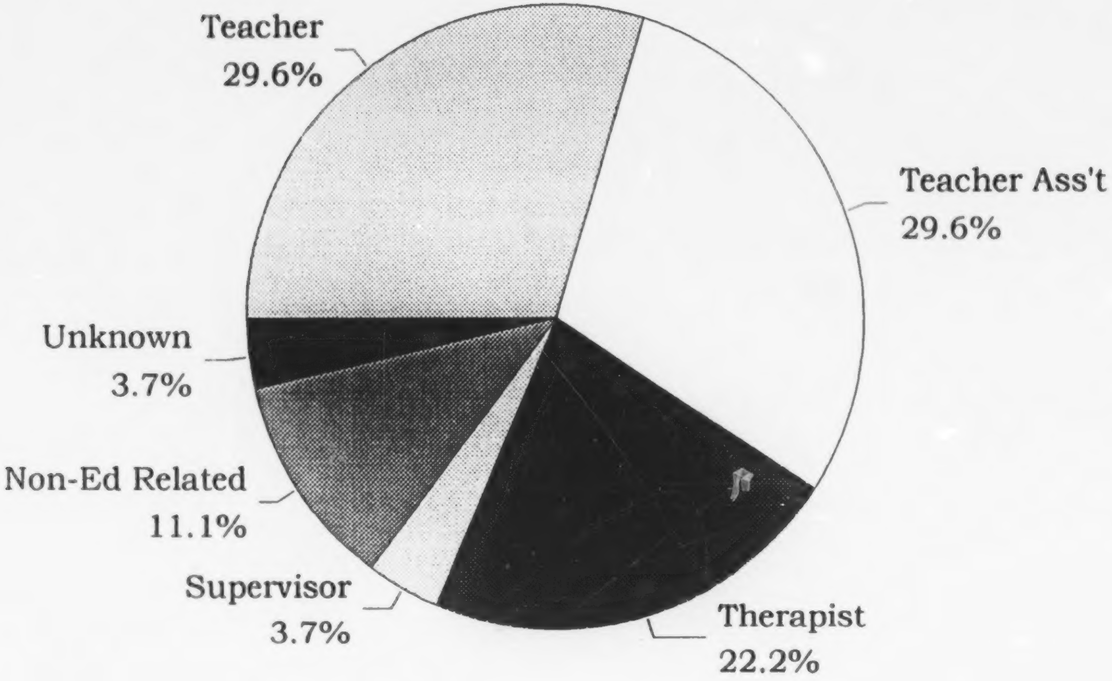
ADAPTING ACTIVITIES FOR CHILDREN WITH DISABILITIES

WHERE DO WE GO FROM HERE? ACTION PLANS

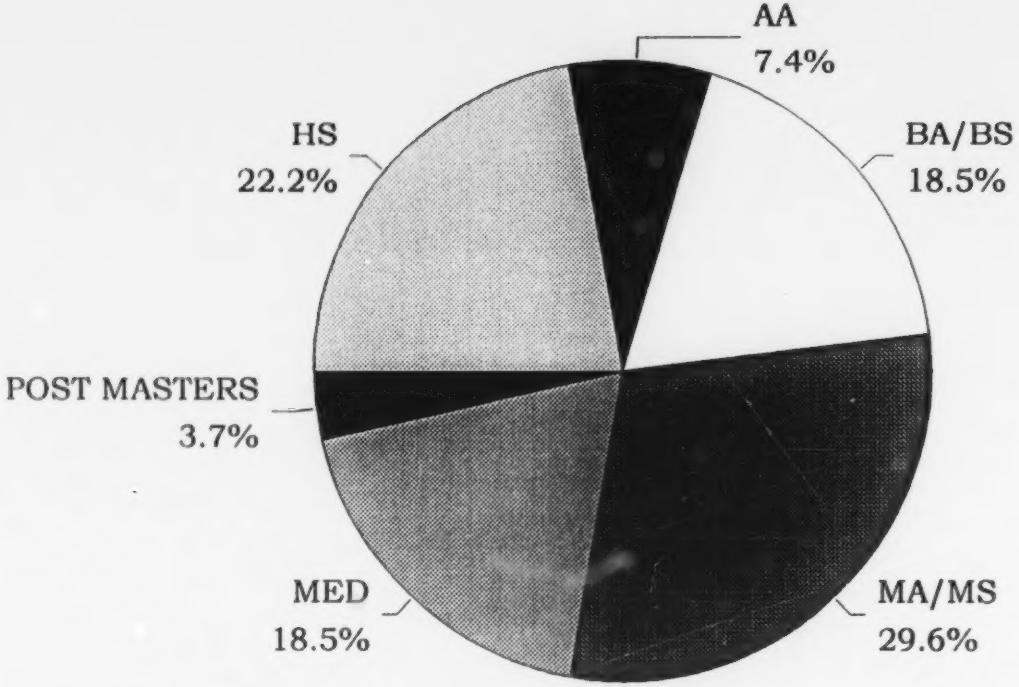
VIDEO: "Early Childhood Education At Its Best"

ST. FRANCIS PRE-SCHOOL

BEST COPY AVAILABLE



Discipline of Participants for Workshop 49 (N=27).



Education Level of Participants for Workshop 49 (N=27).

ST. FRANCIS PRESCHOOL

INCLUSIVE SETTINGS: WELCOMING YOUNG CHILDREN WITH DISABILITIES AND THEIR FAMILIES

August 1,1996

Presented by:

Marie Brand

Project Coordinator, Community Inclusion Project for
Young Children With Disabilities
University of Connecticut

BEST COPY AVAILABLE

AGENDA

WHAT IS INCLUSION?

VIDEO: "Our Babies, Our Future"

ESTABLISHING A PHILOSOPHY TOWARD INCLUSION

BENEFITS AND CONCERNS OF INCLUSION

DEVELOPING COLLABORATIVE TEAMWORK

INCLUDING FAMILIES IN THE PROCESS

FUNCTIONAL EDUCATIONAL PLANS

ADAPTING ACTIVITIES FOR CHILDREN WITH DISABILITIES

WHERE DO WE GO FROM HERE?

VIDEO: "Early Childhood Education At Its Best"

BEST COPY AVAILABLE

OBJECTIVES

Participants will:

- define the basic concepts surrounding inclusion;
- identify benefits and concerns of inclusion;
- define types of teams;
- understand collaborative teamwork;
- examine ways to include families in the process;
- develop methods for adapting activities for children with disabilities;

COMPONENTS FOR AN INCLUSIVE PROGRAM

1. Philosophical commitment.
2. A system of collaboration and communication with other agencies serving children (e.g. special education and related services).
3. A consistent and on-going system for family involvement.
4. A system of cross disciplinary team planning, service delivery, and communication.
5. A well-constructed integrated Individualized Educational Program (IEP) or Individualized Family Service Plan (IFSP).
6. A consistent and on-going system for training and staff development.
7. Integrated instructional delivery of educational and related services across normally occurring classroom activities and routines.
8. A comprehensive system for evaluating the program.

BEST COPY AVAILABLE

Why use community based early childhood programs for inclusion?

Programs such as these provide environments that are:

- flexible
- challenging
- growth producing
- open
- accepting
- designed to meet children's needs at various levels

Inclusive programs provide broader options and choices in all areas (play, use of materials and activities) than in classrooms focused on children with specific disabilities.

BENEFITS/CONCERNS/ACTION PLANS CHART FOR INCLUSION

Person/Group	Benefits	Concerns	Action Plans
The child being included			
Typical children in the program			
Family of child being included			
Families of typical children in program			
Teachers of child being included (regular education)			
Teachers of child being included (special education)			
Other program personnel			
The wider community			
Administration of early childhood/ regular education			
Administration of early intervention/special education			

BEST COPY AVAILABLE

TEACHER FEELINGS ABOUT INCLUSION

Teachers may feel:	But they may also feel:
Working with children who have disabilities can be interesting and rewarding to them.	**Lack of knowledge about children's needs and how to provide for them may make inclusion difficult.**
Including a child with disabilities helps other children and parents understand individual differences.	**Other children in the classroom and their parents, may react in a negative way.**
Children with disabilities may learn more from being with their "typical" peers.	**Children with disabilities will do better in a separate setting.**
A program which plans individual for all children can plan for a child with disabilities.	**The extra work involved in working with a child who is included can be overwhelming.**
It would be rewarding to spend time helping a child with disabilities learn new skills.	**There may not be enough time to work with the child that is disabled individually and still meet the needs of the whole group.**

THE COLLABORATIVE PROCESS

1. Determine the service goal.

2. Develop a community profile to examine what services are currently in place.

3. Determine service responsibilities, duplications, and gaps among the providers.

4. Identify the resources (if any) in place for your service goal.

5. Secure time commitments from agency representatives, service providers, and consumers involved in services related to the service goal.

6. Develop written interagency agreements.

WHAT IS A TEAM?

A GROUP OF PEOPLE

WHO ARE WORKING TOGETHER

BASED ON A COMMON PHILOSOPHY AND COMMON GOAL..

WHAT IS AN INDIVIDUALIZED FAMILY SERVICE PLAN?

THE OUTCOME OF A DECISION MAKING PROCESS FOR THE PURPOSE OF DESIGNING INTERVENTION ACCORDING TO THE GUIDELINES OF P.L. PART H FOR INFANTS & TODDLERS WITH DISABILITIES AND THEIR FAMILIES.

CULTURALLY-SENSITIVE

Care that is responsive to the values, beliefs, social norms, and behaviors of the individuals or population being served. Recognition of the values of different population groups.

Program Planning

What are the parent's priorities?

What are the child's natural environments?

What are the child's competencies?

Definition of Functional Skills

- skills that will immediately improve the child's ability to interact with his environment
- skills that will increase the probability that the child will perform functional behaviors critical for success in future environments
- skills required across a variety of environments
- skills used frequently
- skills that someone else will not have to perform for the child
- skills parents desire child to have
- skills nonhandicapped peers are using
- skills that are C.A. appropriate
- skills that will promote independence
- skills that will reduce normal/handicapped discrepancy
- skills valued by society
- skills that lead to less restrictive alternatives

THREE TYPES OF PROGRAM ADAPTATION

1) Materials

2) Physical Environment

3) Scheduling

ADAPTING ACTIVITIES WORKSHEET

	Meals/Snacks	Language/ Reasoning	Fine Motor	Gross Motor	Blocks
Vision					
Fine Motor					
Gross Motor					
Communication					

ENVIRONMENTAL ADAPTATIONS FOR CHILDREN WITH DISABILITIES

Meals/Snacks

Visually impaired: brightly colored dish or cup: ensure contact with cup or food: consistency of arrangement of children and utensils. adaptive cup or plate: association of foods: taste. smell. sound. touch. qualities: use of color coding.

Fine Motor Difficulties: bent spoon. finger food. adapted cup or spoon. individual help.

Gross Motor Difficulties: positioning. proper seating/support. ensure adequate space arrangement. close monitoring.

Cognitive limitations: reinforce routine. work on separate steps or skills. smaller group. staff support for learning food concepts.

Language/Reasoning

Visually impaired: make lotto cards or sequencing cards tactile. consistent sequence in experiences (functional). oral experience emphasized.

Fine Motor Difficulties: teacher manipulates based on child instructions. or make scale larger.

Gross Motor Difficulties: defined space for participation. adaptive equipment. added support. enough space.

Cognitive limitations make tasks simpler. break into steps. simple terms. show by example. active instruction participation. visual cues. small group.

Fine Motor Activities

Visually impaired: use brightly colored objects. use tactile objects. puffy paints to outline tactile emphasis.

Fine Motor Difficulties: use large items. proceed to smaller if possible. teacher assistance (hand over hand). knobs. textures. large size thicker crayon. paint brush. scissors. individual assistance.

Gross Motor Difficulties: avoid crowding. monitor.

Cognitive limitations: break into simple steps. smaller group. concentrate instructions. peers. modify task.

BEST COPY AVAILABLE

ENVIRONMENTAL ADAPTATIONS FOR CHILDREN WITH DISABILITIES (CONT'D)

Gross Motor Activities

Visually impaired: use brightly colored tape or larger items (bigger ball), consistent schedule of play and rules, possible primary teacher responsible.
Fine Motor Difficulties: use larger objects, teacher assistance, larger equipment.
Gross Motor Difficulties: have child do as much as can, and build skills appropriately, monitoring, space, guidance of other children, primary teacher, responsible, adjust to meet need, encourage throughout day.
Cognitive limitations, break into steps, use simple instructions, smaller group.

Blocks

Visually impaired: add tactile surfaces, use large label pictures, label with yarn (tactile), consistent placement.
Fine Motor Difficulties: use bigger blocks, larger, soft fabric, assistance to build.
Gross Motor Difficulties: teacher assistance, weighted blocks, limit number of children, choices.
Cognitive limitations: use pictures, smaller group, selected children, peer modeling, emphasis on language concepts, modify tasks to appropriate level.

BEST COPY AVAILABLE

Sample Sensori Motor Activities

Arts and Crafts

sponge painting
gelatin glop
stone sculpture
bubble bird cage
rain spatter painting

Gym

bowling blocks
scooterboards
obstacle courses

Transition

push/pull toys
wagon
find coat
animal walks
rope

Toileting/Diapering

go find diaper
mirror
mobile

Recess

sand/water play
toy hunt
hide and seek
fishing
paint brush and water
chalk on ground

Circle

selecting musical instruments
pulling object/out of snack
bringing toys to share
bringing book to read
ball game

Book Time

book hunt
put books together
make book pictures
make book sensory
make book object

Coming to/Leaving School

obstacle course
1 kid is greeter
building cubbies
give kids objects to go to group
hide moms

Snack

setting table
get food from fridge
making snack
clearing and cleaning
washing dishes
washing face and hands

Indoor Play

water play
block play
dress up
kitchen play
manipulative toy play

BEST COPY AVAILABLE

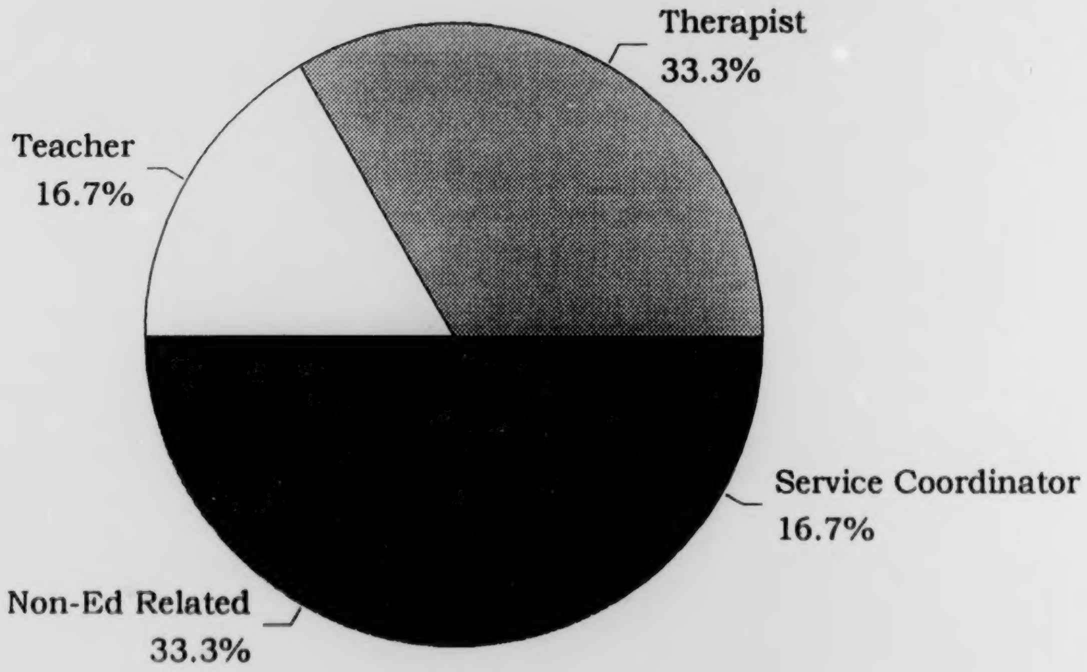
What are strategies that can help children be successful in the classroom?

1. Create a positive atmosphere.
    - Be enthusiastic about teaching
    - Encourage humor and laughter
    - Be a good model for children
    - Have positive expectations for the children in your class
2. Plan ahead
3. Use foreshadowing
    - Let children know what is expected
    - Let children know whenever the schedule will be changed
4. Use clear and simple language
5. Follow through
    - Think before you speak
6. Give choices
    - Be sure your choices truly provide an option
7. Provide affective education
    - Provide a nurturing atmosphere
    - Give words to your feelings
8. Establish consistent rules

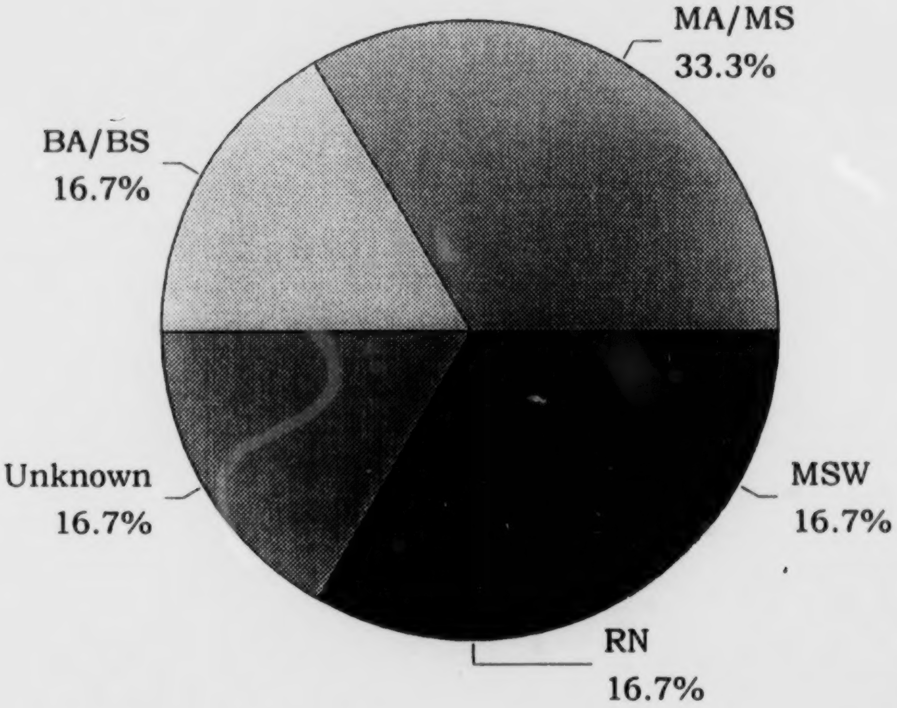
STEUBEN COUNTY

SPECIAL CHILDREN'S SERVICES

BEST COPY AVAILABLE



Discipline of Participants for Workshop 50 (N=6).



Education Level of Participants for Workshop 50 (N=6).

STEUBEN COUNTY SPECIAL CHILDREN'S SERVICES

INCLUSIVE SETTINGS: WELCOMING YOUNG CHILDREN WITH DISABILITIES AND THEIR FAMILIES

August 6, 1996

Presented by:

Marie Brand

Project Coordinator, Community Inclusion Project for
Young Children With Disabilities
University of Connecticut

BEST COPY AVAILABLE

AGENDA

WHAT IS INCLUSION?

VIDEO: "Our Babies, Our Future"

ESTABLISHING A PHILOSOPHY TOWARD INCLUSION

BENEFITS AND CONCERNS OF INCLUSION

DEVELOPING COLLABORATIVE TEAMWORK

INCLUDING FAMILIES IN THE PROCESS

FUNCTIONAL INDIVIDUALIZED FAMILY SERVICE PLANS

ADAPTING ACTIVITIES FOR CHILDREN WITH DISABILITIES

WHERE DO WE GO FROM HERE?

VIDEO: "Early Childhood Education At Its Best"

BEST COPY AVAILABLE

OBJECTIVES

Participants will:

- define the basic concepts surrounding inclusion:
- identify benefits and concerns of inclusion;
- define types of teams;
- understand collaborative teamwork;
- examine ways to include families in the process;
- develop methods for adapting activities for children with disabilities;

COMPONENTS FOR AN INCLUSIVE PROGRAM

1. Philosophical commitment.
2. A system of collaboration and communication with other agencies serving children (e.g. special education and related services).
3. A consistent and on-going system for family involvement.
4. A system of cross disciplinary team planning, service delivery, and communication.
5. A well-constructed integrated Individualized Educational Program (IEP) or Individualized Family Service Plan (IFSP).
6. A consistent and on-going system for training and staff development.
7. Integrated instructional delivery of educational and related services across normally occurring classroom activities and routines.
8. A comprehensive system for evaluating the program.

BEST COPY AVAILABLE

Why use community based early childhood programs for inclusion?

Programs such as these provide environments that are:

- **flexible**
- **challenging**
- **growth producing**
- **open**
- **accepting**
- **designed to meet children's needs at various levels**

Inclusive programs provide broader options and choices in all areas (play, use of materials and activities) than in classrooms focused on children with specific disabilities.

BENEFITS/CONCERNS/ACTION PLANS CHART FOR INCLUSION

Person/Group	Benefits	Concerns	Action Plans
The child being included			
Typical children in the program			
Family of child being included			
Families of typical children in program			
Teachers of child being included (regular education)			
Teachers of child being included (special education)			
Other program personnel			
The wider community			
Administration of early childhood/ regular education			
Administration of early intervention/special education			

BEST COPY AVAILABLE

TEACHER FEELINGS ABOUT INCLUSION

Teachers may feel:	But they may also feel:
Working with children who have disabilities can be interesting and rewarding to them.	**Lack of knowledge about children's needs and how to provide for them may make inclusion difficult.**
Including a child with disabilities helps other children and parents understand individual differences.	**Other children in the classroom and their parents, may react in a negative way.**
Children with disabilities may learn more from being with their "typical" peers.	**Children with disabilities will do better in a separate setting.**
A program which plans individual for all children can plan for a child with disabilities.	**The extra work involved in working with a child who is included can be overwhelming.**
It would be rewarding to spend time helping a child with disabilities learn new skills.	**There may not be enough time to work with the child that is disabled individually and still meet the needs of the whole group.**

THE COLLABORATIVE PROCESS

1. Determine the service goal.

2. Develop a community profile to examine what services are currently in place.

3. Determine service responsibilities, duplications, and gaps among the providers.

4. Identify the resources (if any) in place for your service goal.

5. Secure time commitments from agency representatives, service providers, and consumers involved in services related to the service goal.

6. Develop written interagency agreements.

WHAT IS A TEAM?

A GROUP OF PEOPLE

WHO ARE WORKING TOGETHER

BASED ON A COMMON PHILOSOPHY
AND COMMON GOAL..

WHAT IS AN INDIVIDUALIZED FAMILY SERVICE PLAN?

THE OUTCOME OF A DECISION MAKING PROCESS FOR THE PURPOSE OF DESIGNING INTERVENTION ACCORDING TO THE GUIDELINES OF P.L. PART H FOR INFANTS & TODDLERS WITH DISABILITIES AND THEIR FAMILIES.

CULTURALLY-SENSITIVE

Care that is responsive to the values, beliefs, social norms, and behaviors of the individuals or population being served. Recognition of the values of different population groups.

Program Planning

What are the parent's priorities?

What are the child's natural environments?

What are the child's competencies?

Definition of Functional Skills

- skills that will immediately improve the child's ability to interact with his environment
- skills that will increase the probability that the child will perform functional behaviors critical for success in future environments
- skills required across a variety of environments
- skills used frequently
- skills that someone else will not have to perform for the child
- skills parents desire child to have
- skills nonhandicapped peers are using
- skills that are C.A. appropriate
- skills that will promote independence
- skills that will reduce normal/handicapped discrepancy
- skills valued by society
- skills that lead to less restrictive alternatives

THREE TYPES OF PROGRAM ADAPTATION

1) Materials

2) Physical Environment

3) Scheduling

ADAPTING ACTIVITIES WORKSHEET

	Meals/Snacks	Language/ Reasoning	Fine Motor	Gross Motor	Blocks
Vision					
Fine Motor					
Gross Motor					
Communication					

ENVIRONMENTAL ADAPTATIONS FOR CHILDREN WITH DISABILITIES

Meals/Snacks

Visually impaired: brightly colored dish or cup: ensure contact with cup or food: consistency of arrangement of children and utensils. adaptive cup or plate: association of foods: taste. smell. sound. touch. qualities: use of color coding.
Fine Motor Difficulties: bent spoon. finger food. adapted cup or spoon. individual help.
Gross Motor Difficulties: positioning. proper seating/support. ensure adequate space arrangement. close monitoring.
Cognitive limitations: reinforce routine. work on separate steps or skills. smaller group. staff support for learning food concepts.

Language/Reasoning

Visually impaired: make lotto cards or sequencing cards tactile. consistent sequence in experiences (functional). oral experience emphasized.
Fine Motor Difficulties: teacher manipulates based on child instructions. or make scale larger.
Gross Motor Difficulties: defined space for participation. adaptive equipment. added support. enough space.
Cognitive limitations make tasks simpler. break into steps. simple terms. show by example. active instruction participation. visual cues. small group.

Fine Motor Activities

Visually impaired: use brightly colored objects. use tactile objects. puffy paints to outline tactile emphasis.
Fine Motor Difficulties: use large items. proceed to smaller if possible. teacher assistance (hand over hand). knobs. textures. large size thicker crayon. paint brush. scissors. individual assistance.
Gross Motor Difficulties: avoid crowding. monitor.
Cognitive limitations: break into simple steps. smaller group. concentrate instructions. peers. modify task.

BEST COPY AVAILABLE

ENVIRONMENTAL ADAPTATIONS FOR CHILDREN WITH DISABILITIES (CONT'D)

Gross Motor Activities

Visually impaired: use brightly colored tape or larger items (bigger ball). consistent schedule of play and rules. possible primary teacher responsible.

Fine Motor Difficulties: use larger objects. teacher assistance. larger equipment.

Gross Motor Difficulties: have child do as much as can. and build skills appropriately. monitoring. space. guidance of other children. primary teacher. responsible. adjust to meet need. encourage throughout day.

Cognitive limitations. break into steps. use simple instructions. smaller group.

Blocks

Visually impaired: add tactile surfaces. use large label pictures. label with yarn (tactile). consistent placement.

Fine Motor Difficulties: use bigger blocks. larger. soft fabric. assistance to build.

Gross Motor Difficulties: teacher assistance. weighted blocks. limit number of children. choices.

Cognitive limitations: use pictures. smaller group. selected children. peer modeling. emphasis on language concepts. modify tasks to appropriate level.

BEST COPY AVAILABLE

Sample Sensori Motor Activities

Arts and Crafts

sponge painting
gelatin glop
stone sculpture
bubble bird cage
rain spatter painting

Gym

bowling blocks
scooterboards
obstacle courses

Transition

push/pull toys
wagon
find coat
animal walks
rope

Toileting/Diapering

go find diaper
mirror
mobile

Recess

sand/water play
toy hunt
hide and seek
fishing
paint brush and water
chalk on ground

Circle

selecting musical instruments
pulling object/out of snack
bringing toys to share
bringing book to read
ball game

Book Time

book hunt
put books together
make book pictures
make book sensory
make book object

Coming to/Leaving School

obstacle course
1 kid is greeter
building cubbies
give kids objects to go to group
hide moms

Snack

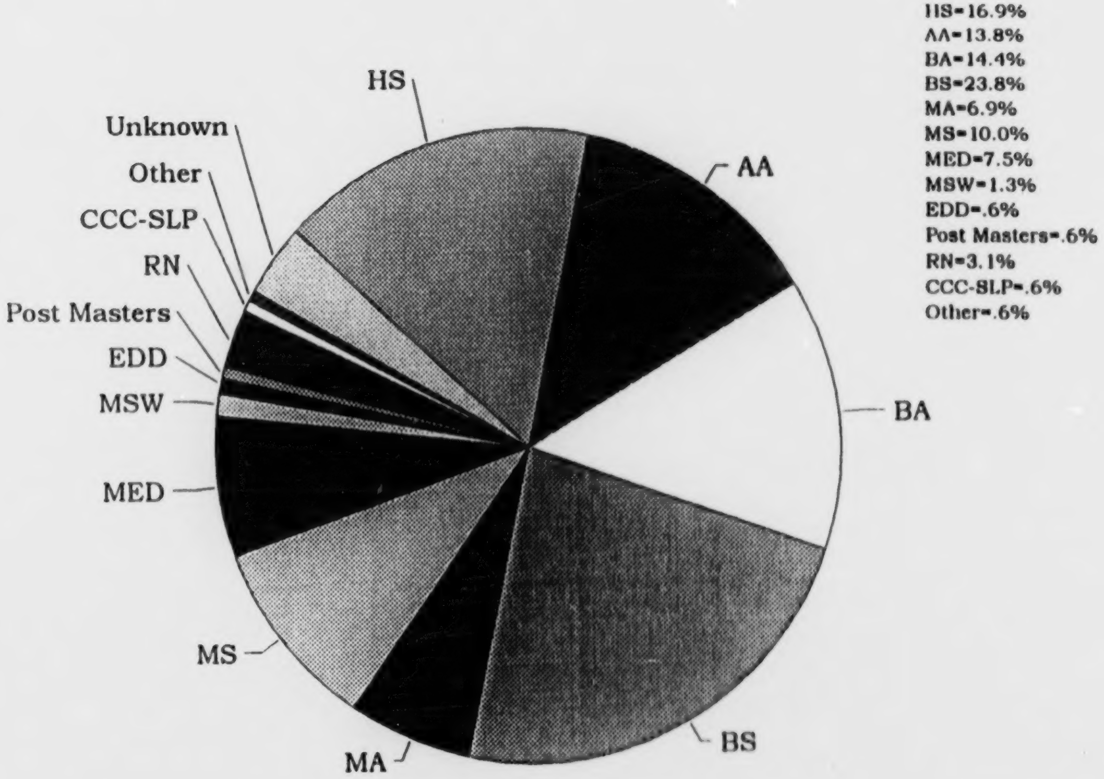
setting table
get food from fridge
making snack
clearing and cleaning
washing dishes
washing face and hands

Indoor Play

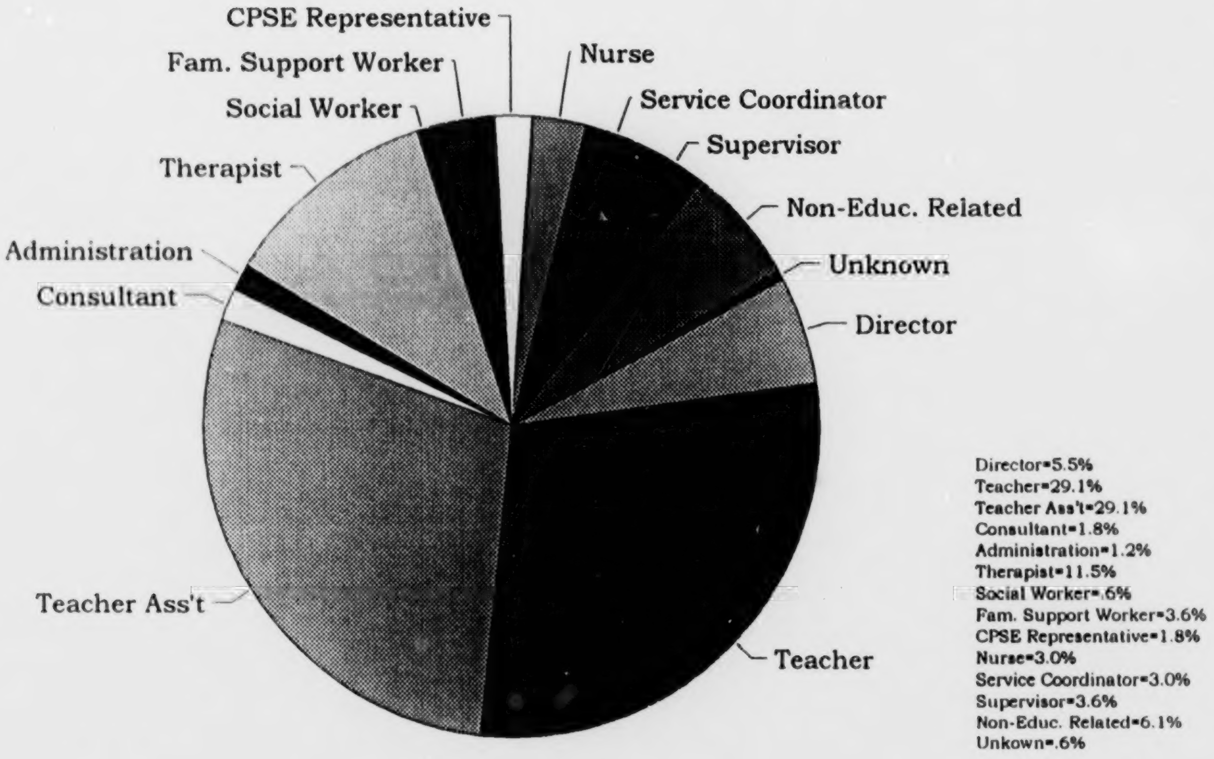
water play
block play
dress up
kitchen play
manipulative toy play

BEST COPY AVAILABLE

COMBINED WORKSHOP DATA - YEAR 3



Education Level of Participants for Year 3 Workshops (N=166)



Discipline of Participants for Year 3 Workshops (N=166)

CONSUMER SATISFACTION SUMMARY
THIRD YEAR WORKSHOPS

Agreement with statement (1 = strongly disagree; 3 = neutral; 5 =strongly agree)

Statement	Mean	Standard Deviation	N
Objectives of the training were met.	4.72	.52	90
All topics on the agenda were addressed.	4.79	.41	90
The materials (e.g., readings, overheads) were relevant to the training content.	4.86	.35	90
Adequate illustrations and examples were used during presentations.	4.81	.45	90
Time was well organized.	4.80	.48	90
The information is relevant and can be applied to my work situation.	4.73	.58	90
I feel I now have a better understanding of the subject presented.	4.76	.50	90
The presenters were well organized and prepared.	4.94	.23	89
The presenters were knowledgable in the subject.	4.93	.25	90
The presenters used a variety of activities that corresponded with the content.	4.79	.49	90
The presenters were easy to listen to.	4.89	.32	90
The presenters valued our input.	4.92	.31	90
I found the environment to be comfortable.	4.60	.56	89
There was adequate time for breaks during the training sessions.	4.63	.51	90
The size of the group was appropriate for the sessions.	4.63	.53	89
The location of the training was convenient for me.	4.64	.55	89
The day and time of the training was convenient for me.	4.63	.65	89

CUMULATIVE WORKSHOP DATA - YEARS 1-3

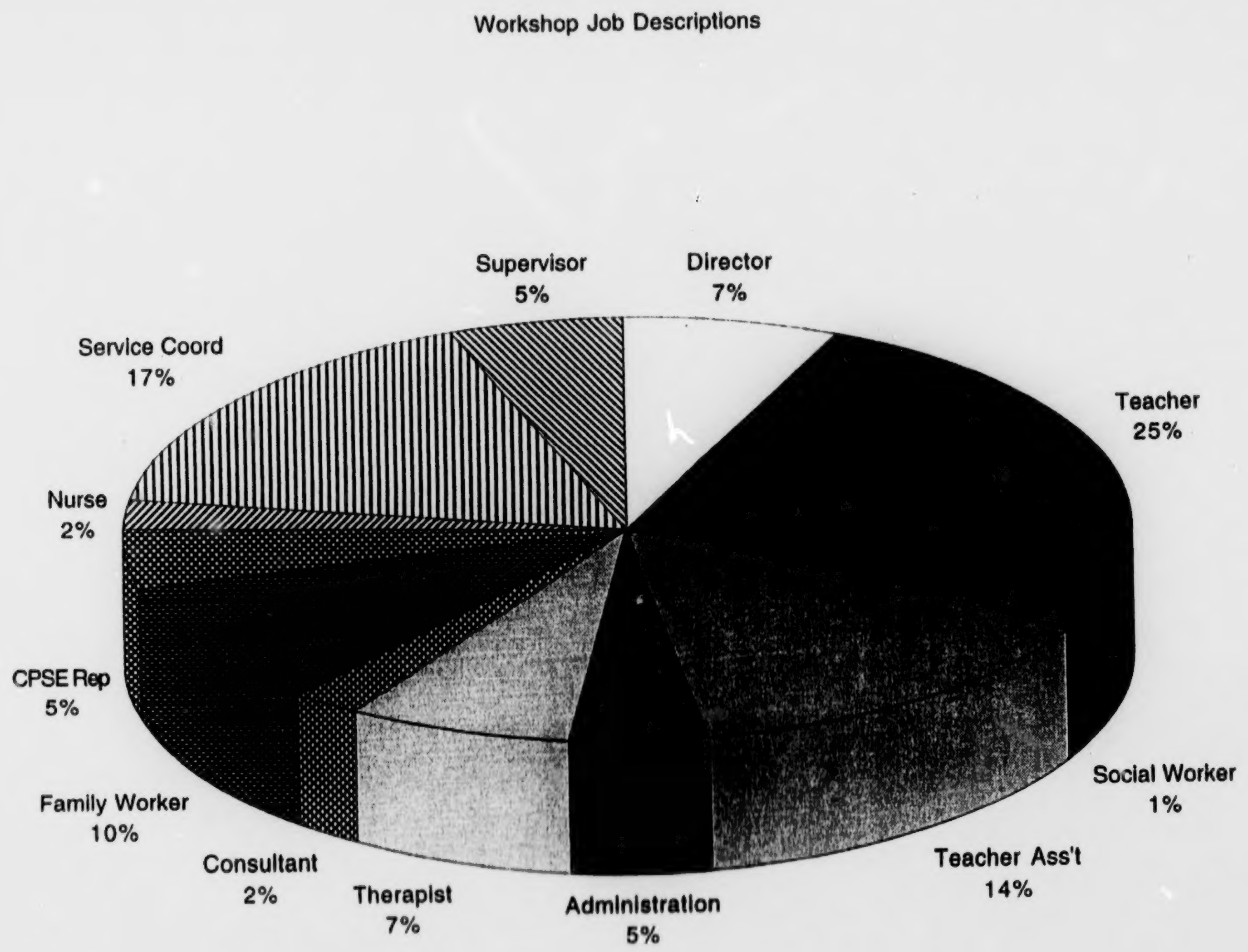
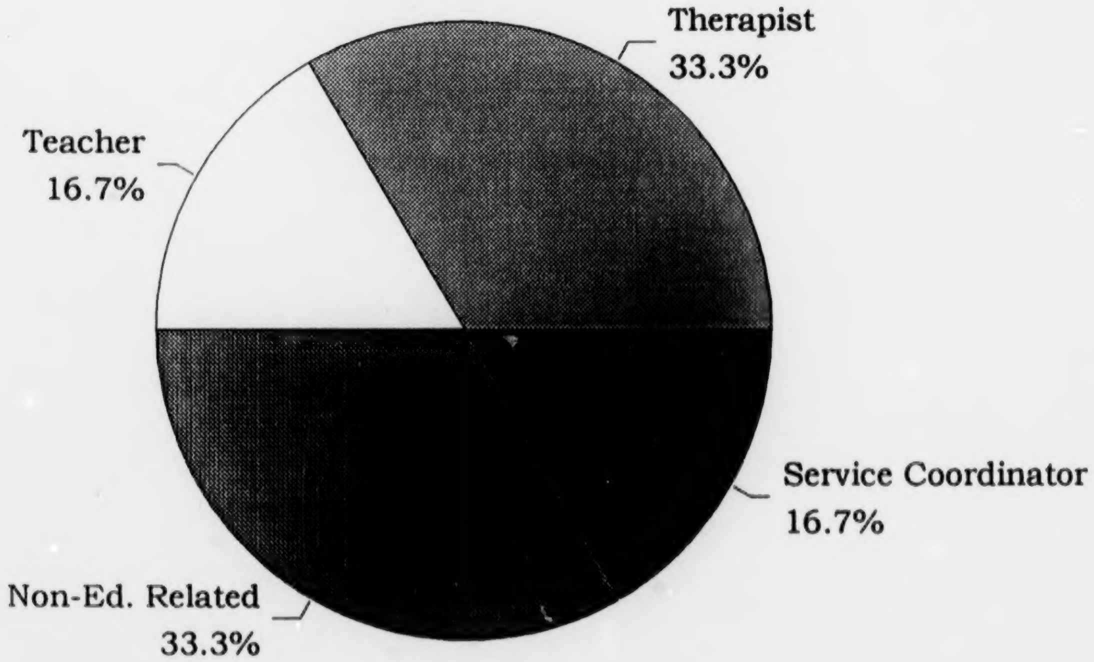
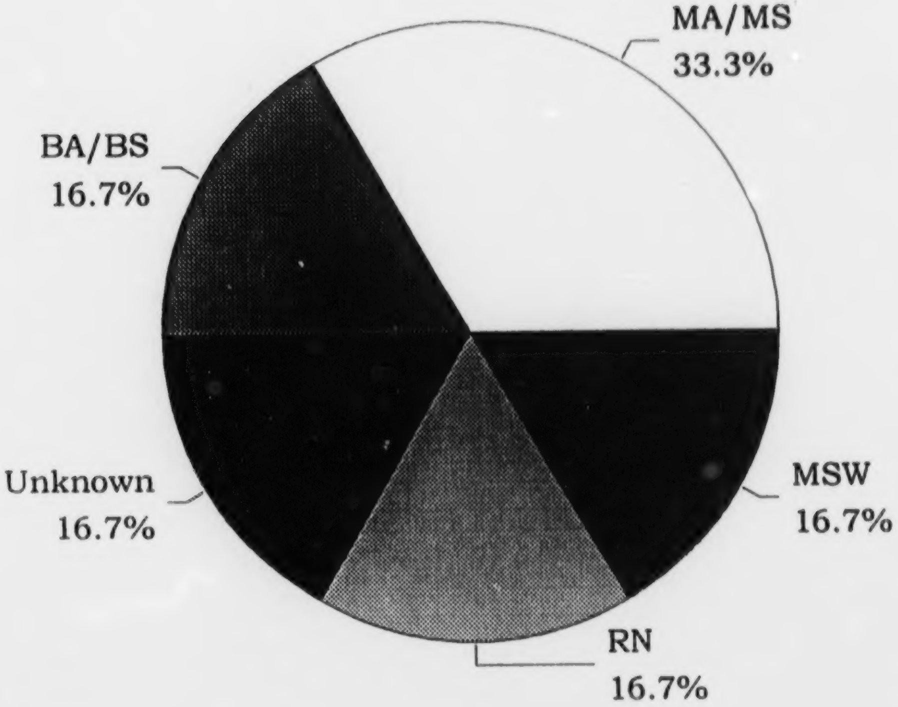

Workshop Job Descriptions
Supervisor 5%
Director 7%
Service Coord 17%
Teacher 25%
Nurse 2%
CPSE Rep 5%
Social Worker 1%
Family Worker 10%
Teacher Ass't 14%
Consultant 2%
Therapist 7%
Administration 5%

Figure 2.



Discipline of Participants for All Workshops (N=575).



Education Level of Participants for All Workshops (N=575).

CONSUMER SATISFACTION SUMMARY
WORKSHOPS

	Agreement with statement (1 = strongly disagree; 3 = neutral; 5 =strongly agree)		
Statement	**Mean**	**Standard Deviation**	**N**
Objectives of the training were met.	4.85	.69	258
All topics on the agenda were addressed.	4.61	.64	255
The materials (e.g., readings, overheads) were relevant to the training content.	4.72	.63	258
Adequate illustrations and examples were used during presentations.	4.66	.67	259
Time was well organized.	4.69	.60	258
The information is relevant and can be applied to my work situation.	4.56	.75	259
I feel I now have a better understanding of the subject presented.	4.60	.68	258
The presenters were well organized and prepared.	4.84	.49	258
The presenters were knowledgable in the subject.	4.87	.46	259
The presenters used a variety of activities that corresponded with the content.	4.69	.62	259
The presenters were easy to listen to.	4.83	.49	259
The presenters valued our input.	4.82	.56	259
I found the environment to be comfortable.	4.45	.80	256
There was adequate time for breaks during the training sessions.	4.33	.99	241
The size of the group was appropriate for the sessions.	4.58	.65	258
The location of the training was convenient for me.	4.51	.74	258
The day and time of the training was convenient for me.	4.59	.68	257

APPENDIX G

November 29, 1993

Mr. Thomas B. Neveldine
Executive Coordinator
Special Education Services
NY State Education Department
Room 1073/Education Building Annex
Albany, NY 12234

Dear Mr. Neveldine,

Thank you so much for your time last Monday. I am very encouraged by your enthusiasm and commitment to the expansion of service models for young children with disabilities and their families. At your suggestion, I am enclosing a one page description of the project for dissemination purposes. I hope you find it informative.

I am looking forward to future collaborations with the State Education Department. In particular, I want to reiterate our project's willingness to collaborate with you on a variety of activities. I am especially interested in assisting your 25 integration grantees. The evaluation of these projects will be extremely crucial to your Department's initiatives an inclusive service options for young children with disabilities. Technical assistance on this as well as other such issues, falls well within the parameters of our project.

Thank you again for your time. Looking forward to hearing from you soon.

Sincerely,

Mary Beth Bruder, Ph.D.
Associate Professor of Pediatrics
Director of Child and Family Studies

BEST COPY AVAILABLE

November 29, 1993

Ms. Wendy Shaw
Early Intervention Program
State Department of Health
Corning Tower, Room 208
Empire State Plaza
Albany, NY 12237-0618

Dear Wendy,

Thank you so much for your time last Monday. As usual, your commitment to quality training and effective services for infants and toddlers with disabilities and their families, should be commended. I am enclosing a one page description of the Community Inclusion Project for dissemination purposes. I hope you find it informative.

I am looking forward to future collaborations with your staff. In particular, I want to reiterate our project's willingness to collaborate with you on a variety of activities. We would be happy to provide training to central office staff and the regional staff on a variety of topics related to natural environments. We would also be available for technical assistance and evaluation to any of your grantees in the area of inclusion and natural group environments. These activities fit very well within the scope of the federal project. I also would like to continue to work with you and DSS on child care training issues. I would be happy to share ideas and materials from our federal project to assist your initiative.

Thank you again for your time and attention.

Sincerely,

Mary Beth Bruder, Ph.D.
Associate Professor of Pediatrics
Director of Child and Family Studies

BEST COPY AVAILABLE

November 29, 1993

Dr. Lawrence Gloeckler
Deputy Commissioner
VESID
1 Commerce Plaza
Room 1606
Albany, NY 12234

Dear Dr. Gloeckler,

I am writing to inform you about a meeting I attended with your staff in Albany on Monday, November 22, 1993. Tom Nelveldine, Cindy Gallagher, Mike Plotska, and Barbara Miller met with me, Marie Brandt (the project coordinator), and Pat Snieska of NYSAC, to discuss a federal project I've been awarded for New York State. The Community Inclusion Outreach Training Project is funded by the U.S. Department of Education, Early Childhood Program for Children with Disabilities. The purpose of the project is to provide a variety of training activities to early interventionists, special educators, early childhood educators and families. The focus of the training is on the effective implementation of inclusive early childhood programs for young children with disabilities.

I am writing to tell you how impressed I am with the caliber and commitment of your staff. Their willingness to collaborate with the project was evidenced by some wonderful ideas on future joint activities between your staff and the outreach project. In particular, I am most interested in collaborating with the recipients of the 25 integration grantees currently being decided by your staff. I wanted to follow up on a suggestion by Mike Plotska that we implement our project's evaluation design with the grantees. This seems extremely doable since our design is already computerized and readily adaptable for specific needs. We also talked about the project providing some ongoing technical assistance to these grantees. This also would be within the scope of our federal project. I am hoping we will be able to provide these services under your staffs' direction.

I am enclosing an abstract of our project for your information. Your staff has a copy of the whole grant should you want to read it. I am also enclosing a copy of an article on the project which appeared in OSERS NEWS in PRINT.

Thank you for your time and attention.

Sincerely,

Mary Beth Bruder, Ph.D.
Associate Professor of Pediatrics
Director of Child and Family Studies

MBB/ll

APPENDIX H

The Provision of Early Intervention and Early Childhood Special Education Within Community Early Childhood Programs: Characteristics of Effective Service Delivery

Mary Beth Bruder, *University of Connecticut School of Medicine*

This article presents a description of a demonstration project that utilized community early childhood programs as intervention placements for toddler and preschool-age children with disabilities. Thirty children, with a range of disabilities, participated in 28 community early childhood programs to receive early intervention or early childhood special education services. Results suggested significant developmental gains for all of the children. In addition, families and program staff (both specialized and community) reported positive outcomes on measures of attitude. During the model development process, a number of service delivery characteristics were identified as necessary for the effective implementation of intervention services within community programs. These characteristics guided the model implementation process across programs and are described in this article.

Integration has been cited as a quality indicator of early intervention and early childhood special education (McDonnell & Hardman, 1988; Strain, 1990). This is not surprising given the abundance of research and demonstration models that have collected data supporting the benefits of this practice (Guralnick, 1990; Hanson & Hanline, 1989; McLean & Hanline, 1990; Odom & McEvoy, 1980). These data were derived from a conceptual base which emphasized the social/ethical, educational, and legal reasons for the integration of young

TECSE 13(1), 19-37 (1993)

© PRO-ED Inc.

BEST COPY AVAILABLE

children with disabilities with young children without disabilities (Bricker, 1978). In particular, the legal rationale for this practice has recently been strengthened by the passage of both education legislation (IDEA, Part H) and civil rights legislation (ADA). These laws support the right of young children with disabilities to participate in natural environments such as nursery schools and day care programs with children without disabilities. As a result, both families and professionals have articulated the importance of providing intervention to young children with disabilities within settings that also serve young children without disabilities (Buswell & Schaffner, 1990; Sailor et al., 1989; Stainback & Stainback, 1990; Strully & Strully, 1985; Villa & Thousand, 1990).

There are a number of ways to provide opportunities for integration to young children with disabilities who are participating in early intervention or early childhood special education (Odom & McEvoy, 1990). One option becoming more prevalent is the provision of specialized services within community early childhood settings such as nursery schools and child care programs (Bruder, Sachs, & Deiner, 1990; Hanline, 1990; Templeman, Fredericks, & Udell, 1989). Called *mainstreaming* (Odom & McEvoy, 1980), or more recently, *inclusion* Salisbury, 1991), this option facilitates the integration of a child into a more normalized setting than is usually provided within segregated programs (Bailey & McWilliam, 1990).

The purpose of this article is to describe an early childhood demonstration project that examined the use of community early childhood programs as delivery sites for early intervention and early childhood special education (including related services). A number of effective service characteristics were identified and refined through the context of this project and will be described also.

Project Description

The Early Childhood Community Integration Project (hereafter referred to as the Community Integration Project) was funded by the Handicapped Children's Early Education Program as a demonstration project at the University of Connecticut School of Medicine. The goal of the Community Integration Project was to develop, implement, and evaluate a model for the delivery of early intervention (for children under age 3) and early childhood special education (for children

BEST COPY AVAILABLE

age 3 to 5) to young children with moderate to severe disabilities within existing early childhood programs (day care and nursery schools). The project had five objectives and each will be described.

1. *To develop procedures for choosing community early childhood programs in which early intervention and early childhood special education could be appropriately delivered to young children with disabilities.* To accomplish this objective, the project developed and used a site selection tool that contained both interview and observational sections focused on the overall environment of the community placement. An adaptation of this tool was designed for parents to complete as they became involved with the selection of the community program.

2. *To provide training to those involved in the delivery of early intervention and early childhood special education within the community early childhood program.* This objective included the assessment, implementation, and evaluation of training competencies unique to each audience involved in the project. The audiences included families, early intervention staff, special education staff, related services staff, and community program staff. The goal of the training was to facilitate the delivery of individualized intervention services that addressed the unique needs of each participating child.

3. *To provide early intervention and early childhood special education to children within community early childhood programs.* The project staff assisted agencies providing early intervention or early childhood special education to design and implement the child's Individualized Education Program (IEP) and Individualized Family Service Plan (IFSP). The individual instructional programs were developed through a team process which included the early intervention or early childhood special education staff (including related services personnel), community program staff, and families. These interventions were designed to be implemented within typical activities which emphasized age appropriate routines and social interactions. Project staff visited each site biweekly but were available for more frequent meetings and training.

4. *To evaluate the effects of the early intervention or early childhood special education delivered to children within early childhood programs.* The actual implementation of the intervention within the early childhood setting was continuously monitored for decision-making purposes. The evaluation design included a battery of assessments that measured children's developmental status, social and play skills, and level of engagement within the environment. The parent assessments

measured the family's perception of their child's developmental status, their attitude toward integration and the integrated placement, and their use of social support and resource networks. Data were also collected on program and community status during the implementation of the project.

5. *To develop policies and procedures for local early intervention and special education agencies providing services within community early childhood programs.* Each intervention program that participated in the project completed a self-assessment which measured areas of program policies and procedures. Ongoing input on statewide policy development was obtained from participating program administrators (during quarterly meetings) and state agency representatives (during semiannual meetings).

Project Implementation

The Community Integration Project chose to focus on a finite number of programs to ensure the systematic examination of integrated intervention services across a number of dimensions. Twelve early childhood special education programs in 12 school districts were chosen to participate in the project because of their willingness to implement the project model. These school districts represented a range of population sizes, geographic locations, and special education models. In addition, four early intervention programs serving birth to 3-year-old children participated in the project, again representing a variety of program models. The 28 community programs also varied across a number of dimensions including size, structure, staff–child ratio, and staff background. The project employed three full time professional staff (masters level interventionists) and a part time project director. A more detailed description of the project procedures are available from the author.

Project Participants

Thirty children with moderate to severe disabilities participated in the project as determined by the IEP/IFSP process conducted by their intervention program. Twenty-three of these children were preschool age and seven were toddler age. Of these 23 children, 20 were males and 10 were females. Twenty-four of the children had two parent families. Twenty-three of the fathers were employed full time, one was employed part time. Ten of the mothers were employed full time, four part time, and 16 were not working. Table 1 contains selected descriptive information on the 30 children, including their chronological ages and their developmental ages as estimated by the Battelle Developmental Inventory (Newborg, Stock, & Wnek, 1988) and Preschool Language Scale (Zimmerman, Steiner, & Pond, 1979) at project entry. Table 2 contains information about the specific types of support services provided to each of the children while they were in the community early childhood program. These varied considerably.

Table 1. Information on Participating Children (*N* = 30)

Child	D.O.B.	Handicapping condition	Age at test	BDI		PLS	
				AE	DQ	LA	LQ
1	7/13/85	Down syndrome	56	30	65	37	67
2	2/15/85	Down syndrome	57	30	65	32	56
3	11/18/87	Down syndrome	34	21	74	24	69
4	4/28/85	Multi-handicapped	49	5	65		
5	4/15/85	Down syndrome	48	25	65	19	41
6	4/27/86	Motor and speech delays	46	29	65	31	67
7	9/1/86	Down syndrome	49	32	65	29	59
8	4/7/86	Down syndrome	53	24	65	22	48
9	3/24/87	Pervasive developmental disorder	42	15	65	20	48
10	1/2/86	Cerebral palsy	56	27	65	46	82
11	6/1/85	Autism	53	13	65		
12	2/19/87	Developmental delays	45	24	65	35	78
13	1/23/87	Cerebral palsy	46	11	65	17	36
14	7/8/86	Cleft palate articulation disorder	37	41	104	53	144
15	2/28/87	Down syndrome	42	23	65	33	77
16	11/23/84	Down syndrome	70	40	65	48	68
17	1/6/88	Multiply handicapped	37	10	65		
18	5/16/88	Speech impaired	32	15	65		
19	1/13/88	Multiply handicapped	36	5	65		
20	3/4/88	Speech impaired	35	23	75		
21	3/4/88	Speech impaired	35	24	82		
22	3/11/88	Developmentally delayed	37	13	65		
23	6/8/89	Down syndrome	25	16	65		
24	4/4/88	Autism	44	19	65	18	41
25	10/16/88	Language delay	39	37	80	57	149
26	6/7/87	Cerebral palsy	55	40	65	66	120
27	4/3/86	Down syndrome	70	25	65	34	48
28	7/2/87	Language delay	55	29	65	40	72
29	7/10/87	Autism	56	25	65	17	29
30	3/30/88	Down syndrome	41	24	65	22	55

BEST COPY AVAILABLE

Table 2. Types of Special Education and Related Services Provided by Intervention Programs Within Community Settings (*N* = 30)

	Special education			PT			OT			ST			Adapted PE		
Child	D	C	M	D	C	M	D	C	M	D	C	M	D	C	M
1	X*	X				X			X	X					
2	X	X						X		X	X				
3								X		X	X				
4	X*		X	X			X								
5	X*		X				X			X					
6	X					X	X			X	X				
7	X*		X				X			X	X				
8	X*		X												
9	X*		X												
10	X*		X												
11	X														
12	X*		X												
13	X*		X	X				X			X				
14															
15										X	X				
16															
17	X												X		
18	X				X			X			X		X		
19		X													
20		X													
21	X												X		
22	X									X					
23		X								X					
24															
25										X					
26															
27	X													X	
28		X		X		X				X					
29	X														
30		X						X				X			
Total by type of service	18	7	8	3	1	3	4	5	1	11	7	1	3	1	0
Combined Total		33			7			10			19			4	

Note. D = Direct; C = Consultation; M = Monitoring.
*Provided by Instructional Aide.

BEST COPY AVAILABLE

Project Outcomes

A number of outcomes supported the effectiveness of the program. (A detailed description of the evaluation design and results are available from the author). Most important, children were assessed a minimum of every 6 months. During the project period in which they were enrolled, the children made statistically significant gains using age equivalent scores on all domains (and the total) on the Battelle Developmental Inventory (BDI) ($t = 8.76$; $p < .000$ for total score), and the Preschool Language Scale (PLS) on the children over the age of 3 ($t = 6.40$; $p < .000$). Because the use of gain scores has been justifiably criticized (Hauser-Cram & Wyngaarden Krauss, 1991), Proportional Change Indices (Wolery, 1983) were also computed on these data. The results suggested a mean index of change for the 30 participating children on the BDI total score of 1.39 and on the PLS of 1.66. On the individual Battelle subdomains, the gain scores reflected mean rates of development of 1.93 in the personal social domain, 1.17 in the adaptive domain, 1.76 in the motor domain, 1.69 in the communication domain, and 1.69 in the cognitive domain. In addition, the children demonstrated an increase in their total engagement scores. In particular, this change reflected an increase in the engagement with peers category and a decrease in the engagement with objects category.

Families also demonstrated positive outcomes as a result of participation in the program. For example, parents were involved with more generic community resources after enrollment in the project for 1 year. The parents also demonstrated an increase in their positive responses and a decrease in their negative responses on the integration expectation questionnaire after enrollment in the project for 1 year.

Early intervention, early childhood special education, and community early childhood programs demonstrated positive changes on both the staff level (e.g., expectations questionnaire, training outcomes) and program level (Early Childhood Environment Rating Scale, Program Review). In addition, there was an increase of early childhood special education placements in integrated settings for young children with disabilities leaving the state early intervention program under the Department of Mental Retardation from 1988 to 1991 (26% to 53%).

Characteristics of Effective Service Delivery Within Early Childhood Programs

During the model development process, a number of interrelated service delivery characteristics (see Table 3) were identified as neces-

Table 3. Characteristics of Effective Service Delivery Within Early Childhood Programs

1. A program philosophy for inclusive early childhood services.
2. A consistent and ongoing system for family involvement.
3. A system of team planning and program implementation.
4. A system of collaboration and communication with other agencies that provide services to young children with disabilities and their families.
5. A well-constructed Individualized Education Program or Individualized Family Service Plan that dictates the instructional content for each participating child.
6. Integrated delivery of educational and related services.
7. A consistent and ongoing system for training and staff development.
8. A comprehensive system for evaluating the effectiveness of the program.

sary for the effective implementation of the Community Integration Project across participating programs and agencies. These served as quality indicators of integrated services for the project staff as they facilitated the model implementation process across programs, staff, children, and their families. Each characteristic will be described separately.

1. A Program Philosophy for Inclusive Early Childhood Services. It has been suggested that a clear philosophy that dictates the goals and services of an intervention program is necessary to ensure a sense of professionalism and cohesiveness among staff (McDaniels, 1977). Further, it has been documented that programs that operate from a set of well-defined philosophical assumptions tend to generate services that are effective for both children and families (Bricker, 1986; Dunst, Trivette, & Cross, 1986; Foster, Berger, & McLean, 1981; Hanson & Lynch, 1989; Karnes & Stayton, 1988; Paine, Bellamy, & Wilcox, 1984). Unfortunately, early intervention programs often neglect a philosophical perspective in their zeal to provide services to young children and families (Sheehan & Gradel, 1983).

Recently, both public law (IDEA, ADA) and research on program efficacy have shifted the focus of early intervention and early childhood special education. Rather than emphasizing the remediation of developmental deficits within children by individual staff (representing different disciplines) within specialized settings, new program models emphasize the facilitation of developmental competencies within children using a context that is family directed, community based and integrated. Although components of the traditional intervention model can be incorporated into the design of more responsive service sys-

BEST COPY AVAILABLE

tems, many programs and staff have yet to conceptualize a philosophy to guide the development of newer service structures.

One solution to the lack of a guiding philosophy for programs and staff who are trying to incorporate both legal requirements and recommended best practice for early intervention and early childhood special education is the adoption of a program philosophy which revolves around inclusive services. For example, an inclusive school is a place where everyone belongs, is accepted, supports, and is supported by his or her peers in the course of having his or her individual educational needs met (Stainback & Stainback, 1990). Recently, this philosophy has been recommended as the foundation for all early childhood services (Sailor et al., 1989; Salisbury, 1991) and has guided the service delivery implemented by the Community Integration Project.

2. A Consistent and Ongoing System for Family Involvement. It has been suggested that intervention services for young children should be based upon the premise that the family is the enduring and central force in the life of the child, and as such, any services should be provided according to the lifestyles, values, and priorities of the family. For example, each family brings unique resources to the task of parenting a child with disabilities, and these may vary according to cultural heritage, family structure, and economic conditions (Lynch & Hanson, 1992; Vincent & Salisbury, 1988; Vincent, Salisbury, Strain, McCormick, & Tessier, 1990). To accommodate the individual needs of all participating families effectively, early intervention and early childhood special education staff must be able to document the concerns, resources, and priorities of families; communicate effectively to collaboratively establish intervention goals for children and their families; and provide intervention to children within the context of their families. Successful implementation of the Community Integration Project depended on a commitment to the family as the primary decision maker and partner in the delivery of community-based early intervention and early childhood special education services.

3. A System of Team Planning and Program Implementation. There is no doubt that young children with disabilities and their families require the services of professionals with a wide variety of skills (Bailey, 1989). Personnel having medical expertise, therapeutic expertise, educational expertise, and social service expertise are necessary to help establish and implement a viable intervention program. The provisions of IDEA require that both the assessment and the IEP/IFSP be completed by a multidisciplinary team, which includes the family. However, moving from a group of individuals to a functional team requires much more than bestowing the label of a team on the group. A group of people become a team when its purpose and function are derived from a common philosophy with shared goals (Maddux, 1988).

Typically, the types of teams that function within early intervention and early childhood special education have been identified as multidisciplinary, interdisciplinary, and transdisciplinary. The transdisciplinary team model has been identified as the ideal for inclusive models of early intervention and early childhood special education (Odom & McEvoy, 1990), though other team models have been identified and used for service delivery (Gibbs & Teti, 1990; Hanson & Lynch, 1989; McGonigel & Garland, 1988; Raver & Zigler, 1991).

In a transdisciplinary team, the members share roles and cross discipline boundaries systematically (Rainforth, York, & MacDonald, 1992). The communication style in this type of model involves continuous give and take among all the members of the team (especially the parents) on a regular, planned basis. Professionals from different disciplines teach, learn, and work together to accomplish a common set of service goals for a child and their family. Assessment, intervention, and evaluation are carried out jointly by designated members of the team.

The Community Integration Project adopted a transdisciplinary model of team functioning for each participating child and family. One integral component of the team process was the establishment of team meetings during which the team members (including the family) identified and adopted goals and objectives for service delivery.

4. A System of Collaboration and Communication with Other Agencies that Provide Services to Young Children with Disabilities and Their Families. Few agencies have the resources to provide a total continuum of services to deal with all the issues that may impinge upon a young child with disabilities and his or her family. Therefore, agencies, programs, and staff must be prepared to cooperate and collaborate for the benefit of the child. For example, a child who receives intervention services within a community-based program requires the expertise and services of both the intervention program staff and the community program staff.

It has been suggested recently that the focus of interagency models should shift from cooperative arrangements among agencies to collaborations focused on joint service delivery (Melaville & Blank, 1991).

BEST COPY AVAILABLE

Collaborations require the involved agencies to agree on a common philosophy and service goal which necessitates joint agency activities (Kagan, 1991). A collaborative model of interagency functioning seems most appropriate for an early intervention model that utilizes community programs as service delivery placements. The Community Integration Program utilized an interagency collaborative model that was developed and maintained by the needs of both the participating child and family, and the participating staff from each program and agency.

5. A Well-Constructed Individualized Education Program or Individualized Family Service Plan That Dictates the Instructional Content for Each Participating Child. The IEP or IFSP should facilitate the process by which the child's team (family, intervention staff, community program staff) articulate the developmental and behavioral outcomes the child will attain as a result of participating in the early childhood program. The IEP/IFSP is intended to be a planning document, which shapes and guides the day-to-day provision of intervention services. Rather than a listing of developmental skills that the child has not yet mastered (divided by domain or discipline), it has been suggested that the IEP/IFSP contain individualized goals and intervention strategies that are functional and imbedded within daily activities and routines (Rainforth et al., 1992).

One way to articulate these goals is to utilize the Individualized Curricula Sequencing Model when developing instructional content (Mulligan & Guess, 1984). This approach utilizes a methodology which identifies the critical skills to be taught to the child, which are then cross referenced to the child's daily activities within natural environments. These naturally occurring activities and routines become intervention opportunities during which natural strategies of instruction can be incorporated. The Community Integration Project developed the participating child's IEP/IFSP to reflect the skills necessary for the child to participate in natural environments and daily routines.

6. Integrated Delivery of Educational and Related Services. It has been recommended that all interventions occur within a child's natural environment throughout typical routines and activities. (Bricker & Cripe, 1992; Rainforth & Salisbury, 1988). By capitalizing on the child's interests, preferences, and actions, emphasis is placed on the child's initiations rather than on an individual service provider's choices. In addition, interventions delivered in this manner encourage the acquisition of generalizable and functional skills (Mulligan & Guess, 1984).

This is accomplished by crossing developmental domains in the same activity, using naturalistic instructional strategies, and promoting creativity and independence. For example, during snack time, objectives from several developmental domains such as self-help, communication, and fine motor skills may be implemented. For this to occur, a system of role release must be implemented among the various professionals and paraprofessionals who are responsible for implementing a child's intervention program.

Role release refers to a "sharing and exchange of certain roles and responsibilities among team members" (Lyon & Lyon, 1980; Orelove & Sobsey, 1991). It specifically involves a "releasing" of some functions traditionally associated with a particular professional discipline. Effective implementation of the role release process requires adequate sharing of information and training through a collaborative consultation process (Idol & West, 1987). In addition, team members must have a solid foundation in their own discipline combined with a knowledge base that recognizes the roles and competencies of the other disciplines represented on the team (Rainforth et al., 1992).

In the Community Integration Project, the child's program was implemented primarily by a single person or a few persons. The role of the direct service provider was supported through the process of role release with ongoing consultation provided by team members from the various disciplines. This did not mean that only the teacher provided direct services to the child. In reality, to be effective, consultants maintained direct contact with the child. The provision of consultation services was never used as a strategy to justify the reduction of intervention staff.

7. A Consistent and Ongoing System for Training and Staff Development. Inservice education has been defined as the process by which service personnel are provided experiences designed to improve or change professional practice (Bailey, 1989). In general, the objectives of inservice training include the changing of attitudes, the acquisition of new knowledge, and the development and enhancement of technical skills (Bernstein & Zarnick, 1982; Laird, 1985). The desired outcome of inservice training is for the participants to internalize new knowledge and apply what has been learned to their specific professional need (Barcus, Everson, & Hall, 1987).

The implementation of staff development programs should be planned carefully to incorporate effective inservice procedures that are designed from an ecological perspective. This means that all members of a staff, including administrative personnel, should be a part of the training efforts so that it does not become the responsibility of the one member of the team to facilitate change in other team members. To be effective, training must be based on the needs and values identified by the trainees.

The Community Integration Program required that staff development become part of the ongoing responsibilities of each team member. This required the allocation of time and resources from the intervention program to enable staff the opportunity to develop self-identified skills. Both the goals and the process for reaching these goals were individualized for each staff member. Staff development plans incorporated a variety of options for training which included workshops, college coursework, learning from a mentor, and videotaped training activities.

8. A Comprehensive System for Evaluating the Effectiveness of the Program. One area that must be highlighted within early intervention and early childhood special education programs is evaluation (Dunst, 1988; Farran, 1990; Guralnick, 1988). Recent scrutiny of efficacy outcomes has resulted in an increased awareness of the importance of evaluation as it relates to the improvement and expansion of the service system for young children with disabilities and their families.

Early intervention and early childhood special education programs must consider a number of issues when designing evaluation plans. These include the heterogeneity of the population, the inability of many developmental assessments to measure small increments of progress, and the methodological limitations inherent in evaluation efforts involving nonstandardized interventions and service settings. For these, as well as other reasons, it has been suggested that evaluation of early intervention and early childhood special education be multidimensional (Johnson, 1988; Sheehan & Gallagher, 1983) and match the specific goals of the individual interventions. For example, evaluation and measurement procedures could examine the child's attainment of goals such as interactional competence, contingency awareness, and engagement with the environment. In addition, programs could measure the outcomes of various family variables such as independent resource management or recruitment of support networks. Last, the program could measure aspects of the environment, including staff status. All measures should be conducted on both a formative (during program operation) and a summative (at the completion of services) schedule.

This type of evaluation plan was utilized by the Community Integration Project.

Conclusion

The experiences of the Community Integration Project suggests the effectiveness of delivering early intervention and early childhood special education to toddler and preschool-age children with disabilities in community early childhood programs serving children without disabilities. The implementation of this model required an intensive commitment by program staff (both intervention staff and community staff) to develop new service delivery methods, intervention roles, and skills. For many, the training that was provided encompassed a new body of knowledge, including such areas as the facilitation of social competence; the design, implementation, and evaluation of functional intervention targets taught within normal early childhood routines and activities; and the use of collaborative consultation skills. It should be noted also that the community program staff who participated in the project felt that the training provided to them enhanced their ability to serve all children.

The service characteristics were extremely useful as a framework for the systematic application of the demonstration model across programs and children. The characteristics enabled both staff (across programs) and families to conceptualize program outcomes and the processes needed to obtain them. They also provided a concrete standard by which to measure both program and child progress toward the implementation of effective services within community early childhood programs.

Two major challenges identified during the implementation of the project were the design and cost of new service structures. Although the early intervention and early childhood special education programs assumed all costs related to the integrated placement (e.g., tuition, transportation, equipment) as specified by law, a great deal of related costs were assumed by the project. These included the costs of training, in-depth assessment protocols, family involvement programs, reimbursement for classroom aides and nursery school and day care teachers during planning and training meetings, and materials for individual program planning. These costs decreased over time, but all program administrators felt that each early intervention and early childhood special education budget must have additional monies to allow for the ongoing refinement of the community integration model. Additional information on specific cost requirements for different applications of this model is an area which needs further examination.

The issue of service structure within this service model is one fraught with ambiguities. As Table 3 describes, each child received an individual profile of specialized services as dictated by his or her IEP/IFSP. However, there was very little consistency across programs (both intervention and community programs) as to the decision process that was used to define the actual staff and services necessary to support the individual needs of the participating children. Across all 30 children, it was found that successful service delivery within a community program was determined by the staff competencies (attitude, experiences, training) of the involved staff, rather than the frequency and type of specialized services provided by specific disciplines (e. g., speech pathology, physical therapy). This finding facilitated the project's dependence on the transdisciplinary model of service delivery, though more information is needed on staffing and service patterns as they relate to child and family outcomes. This issue is closely related to cost in that there is a need for further examination of the many variables that impinge upon the effective allocation of resources to meet the needs of children.

The Community Integration Project experienced resistance to the inclusive community model from some staff who were involved in the provision of early intervention and early childhood special education within the participating programs. As Peck and his colleagues (Peck, Hayden, Wandschneider, Peterson, & Richarz, 1989) have identified, resistance to new service practices must be addressed before expecting the involved programs and staff to institutionalize the new delivery model. One method that assisted the Community Integration Project to support the varying degrees of acceptance among the participating staff was to allow each program to proceed at its own pace during the implementation of services in community programs. For example, some programs began to implement the model as soon as a parent requested such an option, while others took a year to "ready" staff before a placement was made.

Another invaluable method that enabled the participating programs to maintain control over the model implementation process was the use of the project advisory board. This group consisted of program administrators, intervention staff, community program staff, and families. The board provided regular feedback to the project staff on many project and community issues, which resulted in refinement of the model. As early intervention and early childhood special education strive to provide quality services within community environments, further examination of the systems change process as it relates to the adoption of new program characteristics and models is needed.

References

Bailey, D. (1989). Issues and directions in preparing professionals to work with young handicapped children and their families. In J. Gallagher, P. Trohanis, & R. Clifford (Eds.), *Policy implementation and P.L. 99-457: Planning for young children with special needs* (pp. 97–132). Baltimore: Brookes.

Bailey, D., & McWilliam, R. (1990). Normalizing early intervention. *Topics in Early Childhood Special Education, 10*(2), 33–47.

Barcus, M.J., Everson, J.M., & Hall, S. (1987). Inservice training in human service agencies and organizations. In J.M. Everson, M.J. Barcus, J.S. Moon, & M.V. Morton (Eds.), *Achieving outcomes: A guide to interagency training in transition and supported employment* (pp. 1–58). Richmond: VCU/RRTC.

Bernstein, G.S., & Zarnick, J.P. (1982). Proactive identification of staff development needs: A model and methodology. *The Journal of the Association for the Severely Handicapped, 7*(3), 97–104.

Bricker, D. (1986). *Early intervention of at-risk and handicapped infants, toddlers and preschool children.* Palo Alto, CA: Vort Corp.

Bricker, D. (1978). Rationale for the integration of handicapped and nonhandicapped preschool children. In M. Guralnick (Ed.), *Early intervention and the integration of handicapped and nonhandicapped preschool children* (pp. 3–26). Baltimore: University Park Press.

Bricker, D., & Cripe, J. (1992). *An activity based approach to early intervention.* Baltimore: Brookes.

Bruder, M.B., Sachs, S., & Deiner, P. (1990). Models of integration through early intervention/child care collaboration. *Zero to Three, 10*(3), 14–17.

Buswell, B., & Schaffner, C.B. (1990). Families supporting inclusive schooling. In S. Stainback & W. Stainback (Eds.), *Support networks for inclusive schooling* (pp. 219–230). Baltimore: Brookes.

Dunst, C. (1988). Overview of the efficacy of early intervention programs: Methodological and conceptual considerations. In L. Bickman & D. Weatherford (Eds.), *Evaluating early intervention programs for severely handicapped children and their families* (pp. 79–147). Austin, TX: PRO-ED.

Dunst, C., Trivette, C., & Cross, A. (1986). Mediating influences of social support: Personal, family and child outcomes. *American Journal of Mental Deficiency, 90*(4), 403–417.

Farran, D.C. (1990). Effects of intervention with disadvantaged and disabled children: A decade review. In S.J. Meisels & J.P. Shonkoff (Eds), *Handbook of early childhood intervention* (pp. 501–539). London: Cambridge University Press.

Foster, M., Berger, M., & McLean, M. (1981). Rethinking a good idea: A reassessment of parent involvement. *Topics in Early Childhood Special Education, 1*, 55–66.

BEST COPY AVAILABLE

Gibbs, E., & Teti, D. (1990). *Iterdisciplinary assessment of infants: A guide for early intervention professionals.* Baltimore: Brookes.

Guralnick, M. (1988). Efficacy research in early childhood intervention programs. In S. Odom & M. Karnes (Eds.), *Early intervention for infants and children with handicaps: An empirical base* (pp. 75–88). Baltimore: Brookes.

Guralnick, M. (1990). Major accomplishments and future directions in early childhood mainstreaming. *Topics in Early Childhood Special Education, 10*(2), 1–19.

Hanline, M. (1990). Project profile: A consulting model for providing integration opportunities for preschool children with disabilities. *Journal of Early Intervention, 14*(4), 360–366.

Hanson, M., & Hanline, M. (1989). Integration options for the young child. In R. Gaylord-Ross (Ed.), *Integration strategies for students with handicaps* (pp. 177–194). Baltimore: Brookes.

Hanson, M., & Lynch, E. (1989). *Early intervention: Implementing child and family services for infants and toddlers who are at-risk or disabled.* Austin, TX: PRO-ED.

Hauser-Cram, P., & Wyngaarden Krauss. M. (1991). Measuring change in children and families. *Journal of Early Intervention, 15*(3), 288–297.

Idol, L., & West, J. (1987). Consultation in special education (part II): Theory and practice. *Journal of Learning Disabilities, 20*(8), 474–495.

Johnson, L. (1988). Program evaluation: The key to quality programming. In J. Jordon, J. Gallagher, P. Hutinger, & M. Karnes (Eds.), *Early childhood special education: Birth to three* (pp. 183–212). Reston, VA: The Council for Exceptional Children.

Kagan, S. (1991). *United we stand: Collababoration for child care and early intervention and education services.* New York: Teachers College University Park Press.

Karnes, M., & Stayton, V. (1988). Model programs for infants and toddlers with handicaps. In J. Jordon, J. Gallagher, P. Hutinger, & M. Karnes (Eds.), *Early childhood special education: Birth to three* (pp. 67–108). Reston, VA: The Council for Exceptional Children.

Laird, D. (1985). *Approaches to Training and Development* (2nd ed.). Reading, MA: Addison-Wesley.

Lynch, E., & Hanson, M. (1992). *Developing cross cultural competence: A guide for working with young children and their families.* Baltimore: Brookes.

Lyon, S., & Lyon, G. (1980). Team functioning and staff development: A role release approach to providing integrated educational services for severely handicapped students. *Journal of the Association for the Severely Handicapped, 5,* 250–263.

Maddux, R.B. (1988). *Team building: An exercise in leadership.* Los Altos, CA: Crisp Publications.

McDaniels, G. (1977). Successful programs for young handicapped children. *Educational Horizons, 56,* 26–33.

McDonnell, A., & Hardman, M. (1988). A synthesis of "best practice" guidelines for early childhood services. *Journal of the Division for Early Childhood, 12*(4), 328–341.

McGonigel, M., & Garland, C. (1988). The individualized family service plan and the early intervention team: Team and family issues and recommended practices. *Infants and Young Children, 1*(1), 10–21.

McLean, M., & Hanline, M. (1990). Providing early intervention services in integrated environments: Challenges and opportunities for the future. *Topics in Early Childhood Special Education, 10*(2), 62–77.

Melaville, A.I., & Blank, M.J. (1991). *What it takes: Structuring interagency partnerships to connect children and families with comprehensive services.* Washington, DC: Education and Human Services Consortium.

Mulligan, M., & Guess, D. (1984). Using an individualized curriculum sequence model. In L. McCormick & R.L. Schiefelbusch (Eds.), *Early language intervention* (pp. 300–323). Columbus, OH: Merrill.

Newborg, J., Stock, J.R., & Wnek, L. (1988). *Battelle developmental inventory.* Allen, TX: DLM.

Odom, S., & McEvoy, M. (1988). Integration of young children with handicaps and normally developing children. In S. Odom & M. Karnes (Eds.), *Early intervention for infants and children with handicaps: An empirical base* (pp. 241–268). Baltimore: Brookes.

Odom, S.L., & McEvoy, M. (1990). Mainstreaming at the preschool level: Potential barriers and tasks for the field. *Topics in Early Childhood Special Education,* 10(2), 48–61.

Orelove, F., & Sobsey, M. (1991). *Educating children with multiple disabilities.* Baltimore: Brookes.

Paine, S., Bellamy, T., & Wilcox, B. (1984). *Human services that work: Form innovation to standard practice.* Baltimore: Brookes.

Peck, C.A., Hayden, L., Wandschneider, M., Peterson, K., & Richarz, S. (1989). Development of integrated preschools: A qualitative inquiry into sources of resistance among parents, administrators, and teachers. *Journal of Early Intervention, 13*(4). 353–363.

Rainforth, B., & Salisbury, C.L. (1988). Functional home programs: A model for therapists. *Topics in Early Childhood Special Education, 7*(4), 33–45.

Rainforth, B., York, J., & MacDonald, C. (1992). *Collaborative teams for students with severe disabilities.* Baltimore: Brookes.

Raver, C., & Zigler, E. (1991). Three steps forward, two steps back: Head Start and measurement of social competence. *Young Children, 46*(4), 3–9.

Sailor, W., Anderson, J., Halvorsen, A., Doering, K., Filler, J., & Goetz, L. (1989). *The comprehensive local school.* Baltimore: Brookes.

Salisbury, C. L. (1991). Mainstreaming during the early childhood years. *Exceptional Children, 58*(2), 146–155.

Sheehan, R., & Gallagher, R. (1983). Conducting evaluations of infant intervention programs. In S. Garwood & R. Fewell (Eds.), *Educating handicapped infants: Issues in development and intervention* (pp. 495–524). Rockville, MD: Aspen.

Sheehan, R., & Gradel, K. (1983). Intervention models in early childhood special education. In S. Garwood (Ed.), *Educating young handicapped children: A developmental approach* (pp. 475–514). Rockville, MD: Aspen.

Stainback, S., & Stainback, W. (1990). Inclusive schooling. In S. Stainback & W. Stainback (Eds.), *Support networks for inclusive schooling* (pp. 3–24). Baltimore: Brookes.

Strain, P. (1990). LRE for preschool children with handicaps: What we know, what we should be doing. *Journal of Early Intervention, 14*(4), 291–296.

Strully, J., & Strully, C. (1985). Friendship and our children. *Journal of the Association for Persons with Severe Handicaps, 10,* 223–227.

Templeman, T.P., Fredericks, H.D.B., & Udell, T. (1989). Integration of children with moderate and severe handicaps into a day care center. *Journal of Early Intervention, 13*(4), 315–328.

Villa, R.A., & Thousand, J.S. (1990). Administrative supports to promote inclusive schooling. In S. Stainback & W. Stainback (Eds.), *Support networks for inclusive schooling* (pp. 201–218). Baltimore: Brookes.

Vincent, L., & Salisbury, C. (1988). Changing economic and social influences on family involvement. *Topics in Early Childhood Special Education, 8*(1), 48–59.

Vincent, L., Salisbury, C., Strain, P., McCormick, K., & Tessier, A. (1990). A behavioral-ecological approach to early intervention: Focus on cultural diversity. In S. Meisels & J. Shonkoff (Eds.), *Handbook of early intervention.* London: Cambridge University Press.

Wolery, M. (1983). Proportional Change Index: An alternative for comparing child change data. *Exceptional Children, 50,* 167–170.

Zimmerman, I.L., Steiner, V.G., & Pond, R. E. (1979). *Preschool language scale.* San Antonio, TX: Psychological Corp.

Providing Early Intervention Services in Integrated Environments: Challenges and Opportunities for the Future

Mary McLean, *Auburn University,* and Mary Frances Hanline, *Florida State University*

This paper briefly reviews accomplishments that have taken place during the past decade relative to integration of young children with disabilities and their nondisabled peers. Challenges for the future and the opportunities that accompany these challenges are discussed. It is suggested that the traditional concept of least restrictive environment as a continuum of placements be replaced by a concept of integration opportunities to be determined by individual child needs, family needs, and community resources. For infants and toddlers, it is suggested that a broad-based view of integration focus on integration of the child into the family and integration of the child and family into the community. Finally, the need to work toward the establishment of integrated service delivery systems through extensive personnel training and coordination of services is stressed.

Ten years ago the first issue of *Topics in Early Childhood Special Education* (Mori, 1981) was devoted to mainstreaming. Called "A Challenge for the 1980s," most of the articles in this first issue of TECSE were supportive of efforts to integrate young children with disabilities and normally developing children. The authors varied somewhat in their commitment to integration. Vincent, Brown, and Getz-Sheftel (1981) identified integrated programming as best educational practice, while Tawney (1981) warned that there is a "world of difference between social philosophy and the way it is implemented" (p. 33).

BEST COPY AVAILAB

Looking back at the progress made during the decade since the first issue of TECSE, we are struck by the realization that the most potentially powerful impact on integration has clearly been made in the legislative realm. Without a doubt, the legislative mandate for services to be provided to preschoolers and the incentives for the development of services to infants and toddlers through P.L. 99-457 are the major achievements in early intervention of the 1980s, if not for all time. It is the opinion of these authors that the success or failure of future integration efforts may be determined by state policy decisions now being made in regard to the implementation of P.L. 99-457.

It is the purpose of this article to briefly review the gains that have been made to this point in time, a decade after the initial TECSE issue, and to identify the challenges and opportunities that present themselves as we move toward the beginning of a national mandate for early intervention services.

Allen Mori, editor of the first issue of TECSE, wrote that the term *mainstreaming* was intentionally chosen to appear in the issue title because it is the most inconsistently defined and the most "maligned" term. Mainstreaming refers to the placement of children with disabilities in programs where the primary focus is to serve nonhandicapped children. In its application to children who are not yet school-age, mainstreaming has grown to include educational mainstreaming, noneducational mainstreaming, reverse-mainstreaming, and partial mainstreaming (McLean & Odom, 1988; Odom, 1989; Odom & McEvoy, 1988).

Integration is a broader term that can be used to refer to any type of interaction between populations of children with disabilities and those without disabilities. The concept of integration stems from the principle of normalization, which maintains that any service provided to individuals with disabilities should be based on circumstances that are as culturally normative as possible (Wolfensberger, 1972). Least restrictive environment (LRE) is a term found in P.L. 94-142 and now applied to preschool-age children with disabilities through P.L. 99-457. LRE is based on the legal doctrine of least restrictive alternative (LRA), which holds that when government undertakes to provide a service for its citizens, it must do so in a way that results in the least infringement on the individuals' rights (Taylor, 1988). The development of policies set to satisfy the legal requirement of least restrictive environment will profoundly impact the opportunities for integration made available to young children with disabilities.

What We Have Learned 1980 to 1990

The difficulties involved in carrying out research in the area of integration have been compared to the difficulties that accompany efficacy research (Guralnick, 1981a). For the researcher, the difficulties in controlling threats to internal and external validity are formidable. For the parent or professional, the results found in research reports are confusing and contradictory. The research that has been carried out to date varies greatly in measurement and observation strategies and in many other dimensions, including subject selection, teacher training, and staff ratios.

Over the past 10 years, a large portion of early childhood integration research has focused on the measurement and facilitation of social interactions. This is perhaps in response to early research in the 1970s (Peterson & Haralick, 1977), which indicated that social isolation may be an outcome of mainstreaming children with disabilities. In addition, the recognition that a basic level of interaction is necessary in order for the normalization principle to be achieved and for children to benefit from the processes of observational learning and friendship formation has contributed to this emphasis (Guralnick, 1981a; Odom & McEvoy, 1988).

Social Interactions. Research indicates that young children with disabilities may not become socially integrated with their nonhandicapped peers if interactions are left to chance (Field, Roseman, DeStefano, & Koewler, 1982; Guralnick, 1981b). Further, young children more often choose to play with peers of a similar developmental level in both classroom and playground settings (Peterson, 1982; Strain, 1984). While these studies provide evidence that "physical" integration does not result in "social" integration, positive outcomes of physical integration have been found. For example, the inappropriate play of children with severe disabilities decreases over time in integrated settings (Guralnick, 1981b). Nondisabled children tend to adapt their verbalizations as a function of the developmental level of a listener who is disabled, suggesting that children with disabilities in integrated settings are given an opportunity to hear speech that is in proportion to their developmental level (Guralnick & Paul-Brown, 1980). In addition, preschoolers with mild developmental delays (Guralnick & Groom, 1987; 1988) and hearing impairments (Esposito & Koorland, 1989) have been found to engage in higher rates of peer-related social behaviors and more constructive play in an integrated play setting than in a nonintegrated play setting.

In addition to these positive effects, intervention aimed at reducing social isolation has been found to be effective. Studies utilizing teacher prompt and reinforcement strategies (Strain, Shores, & Kerr, 1976), peer-mediated approaches (Odom & Strain, 1984), and adapting group activities to elicit affectionate interactions between children (Twardosz, Nordquist, Simon, & Botkin, 1983) have been used successfully to facilitate social interactions. Social interactions also may be encouraged by providing materials that require cooperation and/or a group effort (Beckman & Kohl, 1984; Peterson, 1982; Stoneman, Cantrell, & Hoover-Dempsey, 1983). Taken as a whole, this research indicates that interventions to promote social interactions may be needed to assure social integration of young children with disabilities. This need for programming is more critical for children with moderate to severe disabilities.

Developmental Outcomes. Several studies have shown that in integrated settings, nondisabled children develop at the expected rate, and children with disabilities make progress. Further research has clearly indicated that no negative effects occur for normally developing children in integrated settings (Odom, Deklyen, & Jenkins, 1984). Similarly, research indicates that young children with disabilities benefit as much from integrated settings as they do from segregated settings (Bricker, Bruder, & Bailey, 1982; Jenkins, Speltz, & Odom, 1985). An interesting trend which has emerged from the research in this area is the indication that the developmental progress of individual children may be more impacted by the curriculum emphasis and quality of instruction than by integration alone (Cooke, Ruskus, Apolloni, & Peck, 1981; Jenkins, Odom, & Speltz, 1989).

Teacher Attitudes. Teacher attitudes, competence, preparation, and on-going specialized support are factors that contribute to the success of integration at an early childhood level (Guralnick, 1982; Hanline, 1985). While only a few studies of teachers of young children have been conducted in this area, these studies indicate teachers of young children are supportive of integration/mainstreaming (e.g., Blancher & Turnbull, 1982). Positive experiences with children with disabilities and on-going support for regular educators contributes to the development of attitudes and competencies necessary for successful integration (Clark, 1974; Hanline, in press). Two studies that report gative outcomes of integration attribute the less than positive results lack of preparation for teachers (Simon & Gilman, 1979; Tait & 'olfgang, 1984). To be most effective, support for teachers should on-going and responsive to the needs of individual staff members alend, 1984; Wang, Vaughan, & Dytman, 1985).

Parental Beliefs. Parents report having many concerns about inte- ation, including the delivery of specialized services and the poten- al social rejection of themselves and their child (Cansler & Winton, 983; Winton, 1983; Winton, Turnbull, & Blacher, 1985). Bailey d Winton (1987) found that, although many of these parental fears d not materialize, the concerns lingered.

Parental response to integration is varied. For example, Turn- ull & Winton (1983) found that mothers of children in integrated reschools, compared to mothers of children in nonintegrated pro- rams, felt a greater portion of their needs were being met. However, 'inton, Turnbull, & Blacher (1985) report that mothers of children ith disabilities in mainstreamed kindergartens were less satisfied with e program than were parents of nonhandicapped children. While arental response to integration is varied, a major concern of parents f children who are integrated is the on-going ability of the program deliver the specialized services needed by their child.

Challenges for the Future

As we move toward implementation of services for young children ith disabilities, it becomes evident that systems of service delivery early intervention will by necessity be different from services pro- ided to school-age children. As services to young children and their milies are mandated, thus channeling the development and delivery f services through public agencies, merely extending existing services a new group of individuals will not be possible. Systems change vill also be necessary.

A major difference between integration opportunities for school- ge children and the infant/preschool population, of course, is the act that the nonhandicapped preschool population is currently not eadily available to most public school systems or to agencies serving nfants and toddlers with disabilities. Nonhandicapped peers are found n day care centers, day care homes, private nursery schools, mother's day out programs, and in Head Start. Administratively, this creates the challenge of coordinating special services with a number of community-based programs. Issues are raised that do not typically occur when all services are provided through the education agency, such as licensing or certification requirements of child care staff and payment for service to preschool programs. Programmatically, however, the opportunity is created for integration across a variety of community programs, making such programs more accessible to parents of young children with disabilities. A major mechanism for bringing young children with disabilities together with their nonhandicapped peers and for bringing together families of young children with disabilities and families of nonhandicapped children is also created.

A second major difference in the approach to integration opportunities for young children with disabilities involves the primarily family-focused nature of early intervention services. The law, which authorizes services to the birth-to-3 population, has very definite wording that acknowledges the importance of assessing family needs and strengths as well as child needs and strengths. Just as the population of children with disabilities is not a homogeneous group, neither are their families. Families will differ by cultural, economic, and religious influences, as well as by the membership and structure of the family itself (Vincent, Salisbury, Strain, McCormick, & Tessier, in press). Families will have varying opinions about and needs for child care. Families will have varying opinions and expectations for integration (Bailey & Winton, 1987). Furthermore, families will be differentially affected by the placement of their child in integrated environments.

The Challenge of Least Restrictive Environment for Preschoolers. The continuum of services available for school-age children with disabilities is typically displayed as a linear progression from least restrictive environment (regular class placement) to most restrictive environment (institutional or hospital placement) (Deno, 1970; Reynolds, 1962). Typically, LRE is implemented through a comparison of placements specified as falling somewhere along a continuum of restrictiveness.

The application of the principle of least restrictive environment to services for school-age children with disabilities has been, at the very least, problematic. Smith and Strain (1988) have stated "probably no other concept in the history of special education has been more abused, misused, and confused than providing services in the least restrictive environment" (p. 43). The concept of least restrictive environment as a linear continuum of placement alternatives extending from most restrictive to least restrictive is extremely problematic in its application to services for preschool children. A recent article by Taylor (1988) addressing the application of LRE to services for people with developmental disabilities called for putting an end to the use of the LRE continuum. Several "pitfalls" of LRE identified by Taylor are particularly true of LRE in relation to preschool services:

- Taylor suggests that *LRE directs attention to physical settings rather than to the services and supports needed for effective integration.* The spirit of least restrictive alternative is not embodied in a place. Particularly with preschool children who do not necessarily attend school all day, it is not possible to neatly line up potential placements as being most to least restrictive. Similarly, our charge to provide the least restrictive alternative is not satisfied by simply proclaiming a placement to be the least restrictive environment.
- Taylor contends that *LRE confuses segregation and integration issues with intensity of services.* Intensive services can be provided in a segregated environment or in an integrated environment. "Integrated" is not synonymous with "less intense." The reader is referred to Smith and Strain (1988) for a discussion of intensity of early intervention services. These authors have proposed a continuum of intensity of services ranging from prevention services (least intense) to residential programs (most intense).
- Taylor argues that the *LRE concept legitimates restrictive environments.* In other words, when services are conceptualized on a continuum from most to least restrictive, some individuals are bound to end up on the most restrictive end. Perhaps all services, he argues, should be *nonrestrictive.* This point is also made by Strain (1988) who warns:

> From a policy and procedure standpoint, we may be faced with not so much a continuum but a dilemma. The dilemma being that LRE requirements may be bureaucratically satisfied with a service option that is benign or possibly harmful to our clients. (p. 3)

The traditional concept of LRE as a continuum of placement options may have been beneficial in the development of special education services for school-age populations. However, with respect to early intervention policy development, we agree with Taylor (1988) that the traditional concept of LRE must be replaced with a commitment instead to the concept of integration. Such a commitment allows the separation of integration from the placement continuum so that a variety of options can be considered relative to the needs of the individual child and family.

Specifically, in determining the integrated nature of services to be provided to an individual child and family, consideration must first be given to the needs of the child. Many variables will effect the determination of services to be provided for a particular child. The National Early Childhood Technical Assistance System (NEC*TAS) expert task force on LRE for young children with disabilities has suggested "the Individualized Education Plan must first address the unique needs of the child . . . only after the goals are agreed upon should consideration be given to how those goals will be met" (NEC*TAS, 1989, p. 11). Family characteristics and family needs for child care, transportation, support, and information will affect this decision. The particular characteristics of programs for nonhandicapped children in the community will affect this decision. It will be very possible with some children to combine options, such as attendance at a center-based special program and attendance at a regular day care center, or regular day care placement combined with parent intervention. Information is becoming available on the particular strengths and challenges of service delivery models such as home-based services (Bailey & Simeonsson, 1988), family day care (Jones & Meisels, 1987), integrated day care (Bagnato, Kontos, & Neisworth, 1987) and combined special preschool and community day care services (Klein & Sheehan, 1987).

The responsibility for providing quality services in integrated settings is not finished with the determination of service delivery. The specific intervention and integration needs that exist must be addressed. Plans should be made for staff training as needed. A system for monitoring child progress and parent satisfaction should be identified to ensure that the intervention and integration goals and objectives are being met.

In their prediction of the characteristics of early childhood special education in the year 2000, Odom and Warren (1988), noting the lack of a "grass roots movement" within the public schools to provide early intervention in mainstreamed settings, suggested that the prevalent mode in the year 2000 will be integration at the building level (i.e., placement of preschool special education classes in primary or elementary schools). Forces that will work against the full implementation of integration options for preschoolers will no doubt stem from the administrative challenges faced by public education systems. The challenges encountered in collaborative efforts between the local education agency and public or private sources of early education or child care may seem foreboding. The tendency to opt for administrative efficiency and control will be great.

However, forces that may work for the implementation of community-based integration options include the lack of space in public school buildings due to climbing enrollments in some areas, the potential implementation of federally supported child care legislation, and in some states, the strength of community based placements developed through Part H programs. The rapid growth in the need for child care for preschool-age children of working mothers in our country has been reflected in the current flurry of legislative activity relative to child care (Willer, 1989). Child care proposals have included expanded Head Start programs and increased child care provided through public schools, churches, and day care homes. As Fewell (1986) pointed out, there is every reason to believe the need for child care is just as great for families with young children with disabilities as it is for families with nonhandicapped children. As early childhood and childcare services become more available in communities, options for combining early intervention services with early childhood and childcare services will also become more available.

The federal regulations guiding placement decisions for preschoolers provide "options" for school systems as they meet the requirement of least restrictive environment mandates (Federal Register, 1989). It is most important that these "options" truly remain options determined on an individual basis and not as a function of traditional concepts of LRE. Determining services on the basis of child need and family desire for integration will be facilitated by the efforts of the interdisciplinary team working with the family to accurately determine child needs and strengths as well as family needs and desires for services. Collaboration among community programs will be a vital part of this process.

The Challenge of Integration for the Birth-to-3 Population. It is not likely that policy development for services to infants and toddlers will be as influenced by the traditional concept of least restrictive environment as preschool services. Part H of P.L. 99-457, the legislation authorizing services to the birth-to-3 population, does not include language relative to LRE. At the same time, however, policy developers find themselves without guidelines as they attempt to apply integration concepts to this population. Recommendations are forthcoming from the field, however (Hanline & Hanson, 1989; NEC*TAS 1989).

Initial recommendations relative to integration for the birth-to-3 population reflect the nature of the population as well as the family focused nature of the legislation by calling for a broad-based conception of integration. Hanline and Hanson (1989) suggest that integration of the infant into the family and integration of the family into the community should become the focus. Because a young child's development proceeds from response to familiar caregivers to the subsequent ability to interact meaningfully and competently with peers, intervention with very young children is appropriately focused on the facilitation of positive parent-child interaction. The development of early reciprocal interactions with the environment enhances further infant development. Furthermore, the establishment of pleasant interaction patterns that are mutually enjoyable to both parent and child facilitates the acceptance of the infant as a valued member of the family.

Early intervention provides the opportunity to help families avoid the sense of isolation and lack of support that is frequently reported by families of children with special needs (Beckman-Bell, 1981; NEC*TAS, 1989). However, policy that establishes special services and segregated programs for families will only serve to accentuate the perception that the family is now outside the mainstream of society. The report developed by NEC*TAS (1989, p. 6) states:

> Families of young children with disabilities should be provided the same opportunities for participation in child and family activities that are afforded other families, such as appropriate babysitting and child care programs, parenting and child care classes, library story hours, and play groups.

The community that can integrate its families of children with special needs into community activities with families of nondisabled children from the very beginning will accomplish at least two things in the long run: (a) Families of children with special needs will have available a vital source of the acceptance and support needed to care for their children, and (b) the community will produce a generation of individuals free of the prejudice that "results from the ignorance generated by segregation and separation" (TASH Resolution on Infant Care, 1989, p. 1).

What Is Required to Make Integration Work?

We have suggested that integration policies be developed in early intervention systems that would provide for the integration of preschoolers with disabilities into environments serving their nonhandicapped peers. We have suggested that many options are available for such integration, and service delivery decisions should be made following the determination of individual child and family needs and desires. We have suggested that a broad interpretation be made of integration for the birth-to-3 population that includes integration of the child into the family and integration of the child and family into the community. However, we must now add strong words of caution: To be done successfully, integrated service delivery will require extensive coordination and training efforts. Strain (1988, p. 4) puts it this way:

> One need only review the dates in the resource section at the end of this paper to see that the technology and tactics for operating high quality integrated programs is *very new*. Attempting innovations like integrated service delivery with less than the best prepared staff will likely yield poor services, poor outcomes, and ultimately *less* integration for children with handicaps.

Those who are charged with policy development must look to the future, toward the implementation of best educational practice so that we will not shortchange the children and families we serve. Those who are charged with implementation must recognize that quality programs develop over time with much hard work. An example of such a program is the Creative Preschool.

Example of Community Program

Creative Preschool in Tallahassee, Florida, is an exemplary program that provides a variety of services to children from birth to 5 and their families through collaborative arrangements with community agencies and programs (Johnson, Rogers, Johnson, & McMillan, 1989). Children with a variety of disabilities who attend Creative Preschool are fully mainstreamed and receive special services within the context of on-going developmentally appropriate learning activities. The curriculum is planned around play activities designed to support the child's social, emotional, cognitive, and physical developme (Phelps, 1989).

Leon County Public Schools provides Creative Preschool with full-time special education teacher and paraprofessional and relat services as determined by individual IEPs for 3- to 5-year-old childre The school district also provides instructional materials, adapti equipment, and inservice training. Assessment, on-site interventio and consultation for infants and toddlers with special needs are pr vided by the school district infant specialist. Some children recei additional family and child services through Florida Developmen Services.

Regular and special educators, paraprofessionals, and therapi work as a team to provide all services within the context of on-goi program activities. This team meets monthly to review IEPs to assu their implementation and appropriateness. The curriculum al includes planned transitions between each program level (baby, to dler, preschool). The transition into kindergarten-level placements coordinated with transition services conducted by Leon County Scho

Parent-professional collaboration is encouraged, and families supported in a variety of ways, including parent meetings and distribution of written information about parenting and child devel ment. Individual child care is provided for families during time of cri or stress. Creative Preschool provides each family requesting counseli two sessions with a licensed counselor. For families needing long-te support, the counselor offers services on a sliding scale.

To provide services to the community and varying experien for the children, Creative Preschool participates in the federally fund Grand People program and makes weekly visits to a community nursi home. Several children attend Creative Preschool through "schol ships" or as clients of Project Day Care, a program sponsored by Lutheran Social Services to provide temporary emergency child ca In addition, the preschool provides preservice training opportunit for students enrolled in the OSEP-funded Infant Specialization a Early Childhood Special Education personnel preparation progra at the Florida State University. The director/owner of Creative P school also represents private day care providers on the local inf and preschool interagency planning councils.

There are communities where quality integrated services are n in place. There are many more communities where the ultimate g of integrated services will eventually be reached, where some appr imation to that goal is being realized as the process of training a community coordination is beginning. It is easy to identify the challenges as we did in 1981. It is time now to keep our eyes on the opportunities.

References

Bagnato, S., Kontos, S., & Neisworth, J. (1987). Integrated day care as special education: Profiles of programs and children. *Topics in Early Childhood Special Education*, *7*(1), 28–47.

Bailey, D.B., & Winton, P.H. (1987). Stability and change in parents' expectations about mainstreaming. *Topics in Early Childhood Special Education*, *7*(1), 61–72.

Bailey, D., & Simeonsson, R. (1988). Home-based early intervention. In S. Odom & M. Karnes (Eds.), *Early intervention for infants and children with handicaps: An empirical base* (pp. 199–216). Baltimore: Brookes.

Beckman, P.J., & Kohl, F.L. (1984). The effects of social and isolate toys on the interactions and play of integrated and nonintegrated groups of preschoolers. *Education and Training of the Mentally Retarded*, *19*(3), 169–174.

Beckman-Bell, P. (1981). Child-related stress in families of handicapped children. *Topics in Early Childhood Special Education*, *1*(3), 45–54.

Blancher, J., & Turnbull, A.P. (1982). Teacher and parent perspectives on selected social aspects of preschool mainstreaming. *The Exceptional Child*, *29*, 191–199.

Bricker, D.D., Bruder, M.B., & Bailey, E. (1982). Developmental integration of preschool children. *Analysis and Intervention in Developmental Disabilities*, *2*, 207–222.

Cansler, D.P., & Winton, P. (1983). Parents and preschool mainstreaming. In J. Anderson & T. Black (Eds.), *Mainstreaming in early education* (pp. 65–83). Chapel Hill: University of North Carolina, Technical Assistance Development System.

Clark, E.A. (1974). Teacher attitudes toward integration of children with handicaps. *Education and Treatment of Children*, *11*, 333–335.

Cooke, T.P., Ruskus, J.A., Apolloni, T., & Peck, C.A. (1981). Handicapped preschool children in the mainstream: Background, outcomes, and clinical suggestions. *Topics in Early Childhood Special Education*, *1*(1), 73–83.

Deno, E. (1970). Special education as developmental capital. *Exceptional Children*, *37*, 229–237.

Esposito, B.G., & Koorland, M.A. (1989). Play behavior of hearing impaired children: Integrated and segregated settings. *Exceptional Children*, *55*(5), 412–419.

Federal Register. (1989). *54*(80), 18248–18256.

Fewell, R. (1986). A handicapped child in the family. In R. Fewell & P. Vadasy (Eds.), *Families of handicapped children: Needs and supports across the life span*. Austin, TX: PRO-ED.

Field, T., Roseman, S., De Stefano, L.J., & Koewler, J. (1982). The play of handicapped preschool children with handicapped and nonhandicapped peers in integrated and nonintegrated situations. *Topics in Early Childhood Special Education*, *2*(3), 28–38.

Guralnick, M.J. (1981a). The efficacy of integrating handicapped children in early childhood settings: Research implications. *Topics in Early Childhood Special Education, 1*(1), 57–71.

Guralnick, M.J. (1981b). The social behavior of preschool children at different developmental levels: Effects of group composition. *American Journal of Child Psychology, 31*(1), 115–130.

Guralnick, M.J. (1982). Programmatic factors affecting child-child social interactions in mainstreamed preschool programs. In P.S. Strain (Ed.), *Social development of exceptional children* (pp. 71–92). Rockville, MD: Aspen.

Guralnick, M.J., & Groom, J.M. (1987). The peer relations of mildly delayed and nonhandicapped preschool children in mainstreamed play groups. *Child Development, 58*, 1556–1572.

Guralnick, M.J., & Groom, J.M. (1988). Peer interactions in mainstreamed and specialized classrooms: A comparative analysis. *Exceptional Children, 54*, 415–425.

Guralnick, M.J., & Paul-Brown, D. (1980). Functional and discourse analysis of nonhandicapped preschool children's speech to handicapped children. *American Journal of Mental Deficiency, 84*, 444–454.

Hanline, M.F. (1985). Integrating disabled children. *Young Children, 40*(2), 45–58.

Hanline, M.F., & Hanson, M.J. (1989). Integration considerations for infants and toddlers with multiple disabilities. *Journal of the Association for Persons with Severe Handicaps, 14*(3), 178–183.

Hanline, M.F. (in press). A consulting model for providing integration opportunities for preschool children with disabilities. *Journal of Early Intervention.*

Ipsa, J., & Matz, R.D. (1978). Integrating handicapped preschool children in a cognitively oriented program. In M.J. Guralnick (Ed.), *Early intervention and the integration of handicapped and nonhandicapped children* (pp. 167–190). Baltimore: University Park Press.

Jenkins, J.R., Odom, S.L., & Speltz, M.L. (1989). Effects of social integration on preschool children with handicaps. *Exceptional Children, 55*, 420–428.

Jenkins, J.R., Speltz, M.L., & Odom, S.L. (1985). Integrating normal and handicapped preschoolers: Effects on child development and social interaction. *Exceptional Children, 52*, 7–18.

Johnson, L.G., Rogers, C., Johnson, P., & McMillan, P. (1989, November). *Exemplary programs that integrate developmentally appropriate practices for young children with handicapping conditions.* Paper presented at the annual conference of the National Association for the Education of Young Children, Atlanta, GA.

Jones, S., & Meisels, S. (1987). Training family day care providers to work with special needs children. *Topics in Early Childhood Special Education, 7*(1), 1–12.

Klein, N., & Sheehan, R. (1987). Staff development: A key issue in meeting the needs of young handicapped children in day care settings. *Topics in Early Childhood Special Education, 7*(1), 13–27.

McLean, M., & Odom, S. (1988). *Least restrictive environment and social integration.* Reston, VA: Division for Early Childhood White Paper.

Mori, A.A. (Issue Ed.). (1981). Mainstreaming—A challenge for the 1980s. *Topics in Early Childhood Special Education, 1*(1).

National Early Childhood Technical Assistance System (NEC*TAS) (1989). *Least restrictive environment for infants, toddlers & preschoolers.* Chapel Hill: University of North Carolina, Frank Porter Graham Child Development Center.

Odom, S. (1989). *LRE, mainstreaming and integration for young children with disabilities: A decade of research.* Chapel Hill, NC: National Early Childhood Technical Assistance System (NEC*TAS).

Odom, S., DeKlyen, M., & Jenkins, J.R. (1984). Integrating handicapped and nonhandicapped preschoolers: Developmental impact on the nonhandicapped children. *Exceptional Children, 51,* 41–49.

Odom, S.L., & McEvoy, M.A. (1988). Integration of young children with handicaps and normally developing children. In S.L. Odom & M.B. Karnes (Eds.), *Early intervention for infants and children with handicaps: An empirical base* (pp. 241–268). Baltimore: Brookes.

Odom, S.L., & Strain, P.S. (1984). Peer-mediated approaches to increasing children's social interaction: A review. *American Journal of Orthopsychiatry, 54,* 544–557.

Odom, S.L., & Warren, S.F. (1988). Early childhood special education in the year 2000. *Journal of the Division for Early Childhood, 12,* 263–273.

Peterson, N.L. (1982). Social integration of handicapped and nonhandicapped preschoolers: A study of playmate preferences. *Topics in Early Childhood Special Education, 2*(2), 56–59.

Peterson, N.L., & Haralick, J.G. (1977). Integration of handicapped and nonhandicapped preschoolers: An analysis of play behavior and social interaction. *Education and Training of the Mentally Retarded, 12,* 235–245.

Phelps, P.C. (1989). *Play is the work of children.* Keynote address at the Annual Florida Mainstreaming Conference, Cocoa Beach, FL.

Reynolds, M. (1962). A framework for considering some issues in special education. *Exceptional Children, 28,* 367–370.

Salend, S.J. (1984). Factors contributing to the development of successful mainstreaming programs. *Exceptional Children, 5,* 409–416.

Simon, E.P., & Gilman, A.E. (1979). Mainstreaming visually handicapped preschoolers. *Exceptional Children, 45,* 463–464.

Smith, B., & Strain, P. (1988). Early childhood special education in the next decade: Implementing and expanding PL 99-457. *Topics in Early Childhood Special Education, 8*(1), 12–23.

Stoneman, Z., Cantrell, M.L., & Hoover-Dempsey, K. (1983). The association between play materials and social behavior in a mainstreamed preschool: A naturalistic investigation. *Journal of Applied Developmental Psychology, 4,* 163–174.

Strain, P.S. (1984). Social behavior patterns of nonhandicapped and nonhandicapped-developmentally disabled friend pairs in mainstreamed preschools. *Analysis and Intervention in Developmental Disabilities, 4*(1), 15–28.

Strain, P.S. (1988). *LRE for preschool children with handicaps: What we know, what we should be doing.* Pittsburgh, PA: Western Psychiatric Institute and Clinic.

Strain, P.S., Shores, R.E., & Kerr, M.M. (1976). An experimental analysis of "spillover" effects on the social interaction of behaviorally handicapped preschool children. *Journal of Applied Behavioral Analysis, 9*(1), 31–40.

Tait, P.E., & Wolfgang, C. (1984). Mainstreaming a blind child: Problems perceive in a preschool day care program. *Early Child Development and Care, 13*(2) 155–167.

Taylor, S. (1988). Caught in the continuum: A critical analysis of the principle the least restrictive environment. *Journal of the Association for Persons wit Severe Handicaps, 13*(1), 41–53.

Tawney, J. (1981). A cautious view of mainstreaming in early education. *Topics Early Childhood Special Education, 1*(1), 25–36.

The Association for Persons with Severe Handicaps (TASH). (1989, July). *TAS Resolution on Infant Care, 15*(7), 1.

Turnbull, A.P., & Winton, P. (1983). A comparison of specialized and mainstreame preschools from perspectives of parents of handicapped children. *Journal Pediatric Psychology, 8*, 57–71.

Twardosz, S., Nordquist, V.M., Simon, R., & Botkin, D. (1983). The effects group affection activities on the interaction of socially isolate children. *Analys and Intervention in Developmental Disabilities, 3*, 311–338.

Vincent, L., Brown, L., & Getz-Sheftel (1981). Integrating handicapped and typic children during the preschool years: The definition of best educational practic *Topics in Early Childhood Special Education, 1*(1), 17–24.

Vincent, L., Salisbury, C., Strain, P., McCormick, K., & Tessier, A. (in press). behavioral-ecological approach to early intervention: Focus on cultural diversit In S. Meisels & J. Shonkoff (Eds.), *Handbook of early intervention.* London Cambridge University.

Wang, M.C., Vaughan, E.D., & Dytman, J.A. (1985). Staff development: A ke ingredient of effective mainstreaming. *Teaching Exceptional Children, 17*(2 112–121.

Willer, B. (1989). *A comparison of selected early childhood/child care bills befo the house education and labor/senate labor & human resources committees the last Congress.* Washington, DC: National Association for the Education Young Children.

Winton, P.J. (1983). The consequences of mainstreaming for families of young hand capped children. In C.J. Meisel (Ed.), *Mainstreamed handicapped children: Ou comes, controversies, and new directions* (pp. 129–148), Hillsdale, NJ: Erlbau

Winton, P.J., Turnbull, A.P., & Blacher, J. (1985). Expectations for and satisfa tion with public school kindergarten: Perspectives of parents of handicapped an nonhandicapped children. *Journal of the Division for Early Childhood,* 116–124.

Wolfensberger, W. (1972). *The principle of normalization in human services.* Toront National Institute on Mental Retardation.

BEST COPY AVAILABLE

The University of Connecticut Health Center

June 12, 1995

Tracy Napper
Developmental Editor
Harcourt Brace College Publishers
301 Commerce Street, Suite 3700
Fort Worth, TX 76102

Dear Ms. Napper:

Enclosed is my chapter on Early Childhood Intervention for the book Exceptional Populations edited by Judy Wood and Andrea Lazzari. I have kept it to 60 pages, which was recommended by you. However, I will not have any problems if you wish to condense further.

I hope I have enclosed everything else you requested. I am very sorry for the delay.

Sincerely,

Mary Beth Bruder

Mary Beth Bruder, Ph.D.
Associate Professor
(203)679-4632

Enclosure

MBB/lag

cc: Andrea Lazzari

An Equal Opportunity Employer

Chapter Objectives

The reader will be able to:

1. be able to define early childhood intervention.
2. be able to describe the historical roots of early childhood intervention
3. be able to list legislative initiatives which supported early childhood intervention.
4. be able to describe unique characteristics of early childhood intervention.
5. be able to describe elements in service delivery process for children and families receiving early childhood intervention.
6. be able to describe future issues critical to the improvement and expansion of early childhood intervention.

Chapter Outline

- Early Childhood Intervention
- Who Receives Early Childhood Intervention
- Historical Perspectives of Early Childhood Intervention
- The Effectiveness of Early Childhood Intervention
- Characteristics of Early Childhood Intervention
  - Family-Centered Orientation
    - Family-Centered Care
  - Early Childhood Intervention Teams
  - Early Childhood Intervention Environments
- Service Elements in Early Childhood Intervention
  - Identification of Eligible Children and Assessment Models
    - Screening
    - Eligibility
    - Program Planning
  - The IFSP and IEP
  - Curriculum for Early Childhood Intervention
  - Evaluation of Intervention
    - Child Evaluation
    - Family Evaluation
    - Program Evaluation
  - Transition
- Future Issues in Early Childhood Intervention
  - Personnel Needs
  - Assistive Technology
  - Collaborative Service Models

A Comparison of Two Types of Early Intervention Environments Serving Toddler-Age Children With Disabilities

Mary Beth Bruder, Ph.D.
Marie Brand, M.S.
University of Connecticut
Farmington, Connecticut

Early intervention services are increasingly being provided in natural environments such as childcare classrooms in which children without disabilities participate. Yet, there are many who question the quality and subsequent appropriateness of such environments for children with disabilities. This article presents data on the quality of 24 inclusive childcare classroom environments serving toddler-age children with and without disabilities in comparison to 25 segregated early intervention classroom environments serving children with disabilities only. The Infant Toddler Environmental Rating Scale (Harms, Cryer, & Clifford, 1990) documented that the inclusive childcare classrooms scored significantly higher than the segregated classrooms serving children with disabilities only on six of the seven subscales and the total score.

A variety of factors influence the decision about the optimum service delivery environment for an infant or toddler with disabilities. These include the location of the intervention program, the program's space allocation, the needs of the child, the transportation resources of the family and program, and the preference of the family. Early intervention can be provided in a hospital environment, a caregiving environment (a center, family daycare home, or baby-sitter's house), the home, and the community. Clearly, there

Infant-Toddler Intervention.
The Transdisciplinary Journal (Vol. 5, No. 3, pp. 207–218)
© 1995, Singular Publishing Group, Inc.

BEST COPY AVAILABLE

is no standard environment in which to provide early intervention to an infant or toddler.

Part H of the Individuals with Disabilities Education Act (IDEA) has emphasized the rights of eligible infants and toddlers to receive early intervention services within "natural environments." In particular, section 677(d)(5) of P.L. 102-119 states that the "Individualized Family Service Plan must contain a statement of the natural environments in which early intervention services shall appropriately be provided." The definitions under Part H further clarify that, when group settings are used for intervention, the infant or toddler with a disability should be placed in groups with same-aged peers without disabilities, such as play groups, daycare centers, or whatever typical group settings exist for infants and toddlers without disabilities (p. 12 House Report). This requirement, in particular, has raised many challenges for those who provide services to infants and toddlers with disabilities, as it establishes the expectation that early intervention services should be provided within inclusionary environments with nondisabled peers (Turnbull, Turnbull, & Blue-Banning, 1994).

The move toward inclusionary early intervention programs is not surprising given the abundance of research and demonstration models that have collected data supporting the benefits of such programs to all of the enrolled children (Guralnick, 1990; Odom & McEvoy, 1990). More recent models of inclusion have focused on the placement of young children with disabilities into community childcare programs for early intervention purposes (Bruder, 1993; Bruder, Deiner, & Sachs, 1990; McLean & Hanline, 1990). However, there are many unresolved issues associated with this practice, including the quality of a childcare environment and its appropriateness for children with disabilities (Graham & Bryant, 1993).

The quality of childcare environments has been measured most effectively by a series of assessments developed by Harms and colleagues. The Early Childhood Environment Rating Scale (ECERS) (Harms & Clifford, 1980), the Infant Toddler Environment Rating Scale (ITERS) (Harms et al., 1990), and the Family Day Care Rating Scale (Harms & Clifford, 1989) were designed to measure different types of childcare environments. Each scale consists of a number of items organized around dimensions indicative of quality childcare environments (Kontos, 1988; Phillips & Howes, 1987). A number of research studies have documented relationships between program scores on these assessments and positive outcomes with the enrolled children. That is, children attending high scoring programs performed well on a range of development indices (Dunn, 1993; File & Kontos, 1993; Frede & Barnett, 1992; Howes & Olenick, 1986; Howes, Phillips, & Whitebook, 1992; McCartney, 1984; McCartney, Scarr, Phillips, Grajek, & Schwarz, 1982; Vandell & Powers, 1983). Although these studies were correlational in nature, the findings suggest that environmental measures can be used to discriminate environments that have positive effects on children.

While there are no environmental measures of quality designed specifically for classroom environments serving children with disabilities, the ECERS has been used to assess these segregated environments. In particular, one study compared preschool environments for children with disabilities and childcare environments for children without disabilities (Bailey, Clifford, & Harms, 1982). Twenty-five preschool classrooms for children with disabilities were compared with 56 preschool classrooms (childcare programs) serving typically developing children. The results suggested that, overall, the scores for the childcare classrooms were significantly higher on the ECERS than those for preschool classrooms for children with disabilities. The scores were different on a number of dimensions: furnishings for relaxation and comfort and room arrangement; child-related display; space for gross motor activities; scheduled time for gross motor activities; art and blocks; and sand/water, dramatic play, space to be alone, free play, and cultural awareness. The study concluded that preschool environments for children with disabilities were significantly different from those provided for young children without disabilities.

As more toddler-age children with disabilities receive early intervention services under Part H, it is important to measure the quality of the environments providing early intervention. The purpose of this study was to compare two types of environments providing early intervention to toddler-age children with disabilities. The two types of environments were those serving only children with disabilities (referred to as segregated) and inclusive childcare programs serving children both with and without disabilities (referred to as inclusive).

Method

Participants

Children who were receiving early intervention services within the state of Connecticut were eligible to participate in a larger study on the effects of environment on a number of child and family outcomes. Approximately 49 toddler-age children receiving services in 49 different classrooms were included in this study. These classrooms were distributed throughout Connecticut, and there were no differences between types of classrooms in regard to family background or setting locations (e.g., one type of classroom only in rural areas). Twenty-five of the children received services in classrooms that had children with disabilities only (segregated), and 24 children received services in childcare classrooms (inclusive)[1] in which the majority of children did not have disabilities.

In Connecticut, the early intervention site is selected by parent choice and availability of services. One statewide early intervention program (run by the Department of Mental Retardation [DMR]) places toddler-age children in natural group environments (such as play groups and childcare programs) for intervention purposes. This placement site is used for any eligible child whose parent desires group placement, regardless of the severity of the child's disability.

The classrooms used for this study were randomly selected from a pool of classroom programs that had been volunteered to participate in the larger ongoing study. These classrooms represent approximately 25% of the classrooms in which infants and toddlers with disabilities receive early intervention services in Connecticut. The children in these 49 classrooms represent a range of disabilities; there were no significant statistical differences between the two groups of children (attending either segregated or inclusive classrooms) on a battery of developmental, behavioral, and demographic assessments. That is, the two groups of children were comparable to each other on a number of dimensions, thus assuring similarity of children's needs across the two settings. These assessments were conducted at the time of enrollment in the study.

Table 1 includes information on the 25 segregated classrooms. The total number of children within each of these classrooms ranged from 3 to 12, with a mean of 7.64. The number of staff present in each classroom ranged from 2 to 8, with a mean of 3.72. Program length ranged from 60 to 180 minutes, with a mean of 112.2 minutes.

Table 2 contains information on classrooms 26–49, which represent inclusive childcare sites. The total number of children

---

[1] For the purposes of this study, inclusive classrooms were defined as having no more than two children with disabilities per classroom.

Table 1. Classroom Information for Segregated Classrooms

ID Number	Children Enrolled *M* = 7.64	Children with Special Needs *M* = 7.84	Staff Present *M* = 3.72	Program (Minutes) Per Week *M* = 112.2
1	7	7	2	120
2	5	5	3	105
3	7	7	2	120
4	7	7	5	90
5	7	7	8	120
6	3	8	4	60
7	7	7	5	90
8	10	10	5	90
9	8	8	3	120
10	8	8	4	90
11	5	5	4	120
12	10	10	4	120
13	6	6	2	120
14	7	7	3	60
15	9	9	3	90
16	9	9	4	120
17	7	7	4	120
18	7	7	2	120
19	7	7	2	120
20	5	5	3	120
21	12	12	5	180
22	12	12	4	150
23	8	8	2	120
24	10	10	5	120
25	8	8	5	120

within these classrooms ranged from 6 to 18, with a mean of 10.46. The mean number of children with disabilities per classroom was 1.54. The number of staff in each inclusive classroom ranged from 2 to 4, with a mean of 3.38. The program length ranged from 120 to 240 minutes, with a mean of 163.75 minutes. The inclusive childcare sites also were staffed with a special instructor provided by the DMR which was included in the adult-child ratio. Both types of environments have several related services available within the setting, including physical therapy, occupational therapy, and speech therapy.

Procedures

Instrument

The Infant/Toddler Environment Rating Scale (ITERS) (Harms et al., 1990) was used to document the status of the toddler environments. This measure was designed to assess the quality of center-based child care for children up to 30 months of age, with a particular focus on various environmental features found within the classroom. The ITERS is an adaptation of the Early Childhood Environment Rating Scale (Harms & Clifford, 1980) and the Family Day Care Rating

Table 2. Classroom Information for Inclusive Sites

ID Number	Children Enrolled *M* = *10.46*	Children with Special Needs *M* = *1.54*	Staff Present *M* = *3.38*	Program (Minutes) Per Week *M* = *163.75*
26	9	1	4	180
27	14	2	4	150
28	10	2	4	210
29	16	2	4	150
30	6	2	3	180
31	8	2	3	120
32	12	2	4	240
33	6	2	3	180
34	16	2	4	180
35	7	2	3	180
36	12	1	4	180
37	10	2	4	180
38	9	2	3	210
39	14	2	3	180
40	11	1	2	180
41	6	1	2	120
42	12	1	4	150
43	11	1	3	150
44	18	1	4	150
45	12	1	4	180
46	8	1	3	120
47	8	2	3	120
48	8	1	3	120
49	8	1	3	120

Scale (Harms & Clifford, 1989). A number of studies on the psychometric properties of the ITERS have been conducted (Clifford et al., 1989), including three measures of reliability (interrater, test-retest, and internal consistency) and three studies of validity (one measure of criterion validity and two measures of content validity).

The ITERS contains 35 items, each of which is scored on a 7-point Likert scale. The scale uses ratings which describe items as "inadequate" (1), "minimal" (3), "good" (5), or "excellent" (7) based on observable descriptions provided in the administration manual. These definitions of quality conform with the National Academy of Early Childhood Programs criteria and the Child Development Association requirements. Items are clustered into seven subscales, and these are listed in Table 3. Each subscale is briefly described in the following paragraphs.

The *Furnishings and Displays for Children* subscale has five items (highest score is 35) designed to describe the appropriateness of the size and scale of objects in the classroom, as well as the overall organization of physical space. Criteria are child-centered (e.g., keeping in mind the eye-level of this age group when placing pictures, finding accessible locations for toys and materi-

Table 3. ITERS Subscales

Subscale	Number of Items	Highest Possible Score
Furnishings and Display for Children	5	35
Personal Care Routines	9	63
Listening and Talking	2	14
Learning Activities	8	56
Interaction	3	21
Program Structure	4	28
Adult Needs	4	28
Total	**35**	**245**

als, and displaying pictures produced by the children as well as photographs of family members and pets). These items are designed to nurture young children's independence, comfort, and self-esteem.

The *Personal Care Routines* subscale has nine items (highest score is 63) which describe the extent to which caregivers evidence an ability to transform the provision for basic needs into a quality experience. Examples include (1) using snack time as an opportunity to develop self-help skills and social skills and (2) using drop-off and pick-up times to share information with parents. This subscale also addresses the need for formal safety policies, routines, and techniques, such as the provision of first aid and CPR training for staff, communicating with parents when health issues arise, and for general home- and car-safety tips.

The *Listening and Talking* subscale has two items (highest scores is 14) which refer to both the quantity and quality of opportunities provided for the infant or toddler to engage in verbal exchanges with the classroom caregiver. The balance across passive and active roles (listening vs. talking) and direct and indirect (dialogue vs. a language activity such as books or puppets) exchanges is emphasized.

The *Learning Activities* subscale has eight items (highest score is 56) which center around age appropriateness and variety of materials, equipment, and activities. The frequency with which specific materials are provided (e.g., blocks, art supplies) as well as types of play (e.g., physical/gross motor play, water/sand tables, dramatic/pretend play) are considered. Cultural awareness is gauged by evidence of books, toys, music, and holiday materials reflecting diverse ethnic groups, races, and religions, as well as provision for nongender-specific work and play roles.

The *Interaction* subscale has three items (highest score is 21) which focus on the general tone of both adult-child and peer exchanges throughout the classroom day. The items focus on the sensitivity of the caregiver to the feelings and reactions of the group and specific children. The occurrence of positive role modeling by the caregiver, the overall tone of classroom peer interactions, and the caregiver's positive reinforcement of instances of positive peer interactions are included. Both frequency of discipline problems (effectiveness of prevention efforts) and methods of caregiver response (consistency, severity) are reviewed.

The *Program Structure* subscale has four items (highest score is 28) which examine the routines within the classroom, supervision style, group size, and staff cooperation. Provisions made for exceptional children is considered within this subscale, focusing on activities in which the child with special needs may effectively participate, the frequency of interactions between the caregiver and the child with special needs, and the utilization of assessment information and implementation of existing programs developed by a professional. Communication among staff, parents, and other professionals working with the child and family is included.

The *Adult Needs* subscale has four items (highest score is 28) that recognize that the classroom caregiver benefits from professional nurturing in the form of ongoing inservice training, formal yearly observation, and feedback. The provision of a separate lounge area with comfortable, adult-sized furniture and a meeting area where adults may have conferences is listed. Parent feedback and participation in decision making is also a featured item.

Data Collection

The ITERS was completed on each participating classroom by a research assistant who received training on the scale through a videotape. The research assistant had a bachelor's degree in early childhood education and had 5 years experience as a teacher assistant in programs with young children with disabilities. The assistant then conducted a number of assessments in classrooms (4 total) not included in the study, until an acceptable level of reliability (85% interrater reliability with the second author of the study) was established across three classrooms.

Prior to data collection for the study, an initial visit to each classroom was made to introduce the research assistant to the classroom staff. The research assistant completed the ITERS over 2 days of observation of the classroom routine (during which other data were collected for the larger study). The adult needs section was conducted through interviews with the classroom teacher.

Results

Comparisons of the two types of classrooms were completed using the ITERS total scores and subdomain score. The results of these comparisons using *t*-test scores are presented in Table 4. The lower the score, the closer to inadequate the classroom scored. Of the seven subdomains, only one (listening and talking) showed no statistical differences between the groups. The remaining six subdomains along with the total ITERS score did reveal a statistical difference between the two groups.

The only subdomain in which the segregated classrooms had a higher mean score than the inclusive childcare classrooms was the adult needs section. This section contains items such as personnel needs, professional growth, meeting area, and provisions for parents. The classrooms with children with disabilities only had a mean score of 25.88, whereas the inclusive classrooms had a mean score of 22.37.

In the remaining five statistically significant subdomains (Furnishings, Personal Care, Learning Activities, Interaction Style, Program Structure), the mean score of the inclusive classrooms was statistically higher than the mean score of the classrooms with children with disabilities only.

All the subdomain scores were added to get a total score, and those means were also compared. The inclusive classrooms had a mean total score of 182.75, and the classrooms with children with disabilities only had

Table 4. ITERS Results for Classrooms

Subdomains	Number of Cases	Mean	Standard Deviation	2-Tail Probability	t Value
Furnishings and Display for Children					
disabilities only	25	21.96	6.0	.032*	-2.21
inclusive childcare	24	25.88	6.4		
Personal Care Routines					
disabilities only	25	39.88	10.6	.045*	-2.06
inclusive childcare	24	46.54	12.0		
Listening and Talking					
disabilities only	25	10.92	6.8	.663*	-0.44
inclusive childcare	24	11.58	3.1		
Learning Activities					
disabilities only	25	28.24	10.6	.004*	-3.03
inclusive childcare	24	38.04	11.9		
Interaction Style					
disabilities only	25	13.56	3.7	.016*	-2.51
inclusive childcare	24	16.42	4.2		
Program Structure					
disabilities only	25	18.48	7.0	.020*	-2.41
inclusive childcare	24	22.79	5.5		
Adult Needs					
disabilities only	25	25.88	1.5	.012*	2.71
inclusive childcare	24	22.37	6.2		
Total ITERS Score					
disabilities only	25	157.40	34.4	.026*	-2.31
inclusive childcare	24	182.75	41.9		

*Significant at < .05 p.

a mean score of 157.40. The difference in these scores was statistically significant.

Interobserver Reliability

Twenty percent (N = 10) of the ITERS assessments were independently scored by the second author as well as the research assistants. Interobserver reliability was calculated by dividing the number of scoring agreements for each item on the instruments by the total number of items on the instrument. Overall reliability was calculated at 92%.

Discussion

This study suggests that the two classroom types differed on a number of dimensions as rated by the ITERS. Each ITERS subdomain as well as total score was analyzed, revealing significant differences between the two types of classroom settings. In six of the subdomains and the total score, the scores were higher for inclusive classrooms compared to segregated classrooms with children with disabilities. For example, within the Furnishings and Display subdomain, it appears that children face more spacious and comfortable furnishings and more child-oriented display in inclusive childcare classrooms. In the Personal Care Routines subdomain, which includes items such as greeting/departing, meals/snacks, and diapering/toileting, as well as some health related items, there is evidence to indicate that more care routines occur within the inclusive classrooms. This could be a function of the length of the classroom day. The inclusive childcare classrooms are significantly longer in time than the segregated classrooms with children with disabilities, perhaps allowing more of the items to be scored. Learning Activities were also found to be significantly higher in inclusive classrooms. These results suggest that learning tasks in inclusive classrooms are more focused on independence, individual expression, and age-appropriate behavior. Variety and cultural awareness are also stressed during play, resulting in children having more opportunities for independent learning and enrichment in an inclusive classroom. In the Interaction subdomain, the difference also favored inclusive classrooms. Children in inclusive classrooms seem to receive more encouragement from teachers to participate in social interaction, and they are positively reinforced more often. Finally, Program Structure scored higher in inclusive classrooms. Good staff/parent relationships and a focus primarily on individual children's needs was more evident in the inclusive settings.

In contrast to those categories where inclusive classrooms scored higher, the Adult Needs subdomain was scored higher in the segregated classrooms. The category of Adult Needs includes adult furniture, as well as more individual inservice training for teachers and more parent involvement. This might imply that the segregated classrooms are more attuned to the needs of the adult than the inclusive classrooms.

Caution should be exercised in interpreting this study. The results that were documented may not be generalized to all toddler classrooms serving children with disabilities for a number of reasons. First, this was a limited sample of classrooms. Data should be considered only as representative of the sample observed. Second, there was the possibility of selection bias because the programs that did participate were not randomly selected, but rather they volunteered to participate in a larger research study. Third, the two program settings and philosophies toward intervention were very different. The two types were represented by childcare classrooms and early intervention classrooms, respectively. As in the Bailey et al. (1982) study, the classrooms serving only children with disabilities seemed to be focused on a more therapeutic model of service delivery. This model seems to rely on more adult-directed activities, rather than child-initiated activities. This difference in emphasis has caused much debate in the field of early intervention (Carta, 1994; Johnson & Johnson, 1994; McLean & Odom, 1993; Odom, 1994; Wolery & Bredekamp, 1994; Wolery, Strain, & Bailey, 1992). Data are still needed to determine the effectiveness of such environments on individual child progress. Fourth, all the program settings were located in the state of Connecticut, which has a policy for supporting an inclusive model of early intervention, and, as such, has provided training to childcare programs on children with special needs for the past 6 years. This would suggest that the inclusive classrooms may have received additional support that enhanced their environments. Fifth, the addition of an observer may have altered the way the classroom and its activities were typically conducted, thus skewing the ITERS scores. Sixth, observer bias would have been more readily minimized if two observers had participated in every observation. Since this was impossible, two observers carried out enough observations to establish interrater reliability.

In spite of these limitations, the findings of this study validate the need for ongoing examination of early intervention environments for toddler-age children with disabilities. Although both types of environments included in this study seemed to provide very good basic care to the children in the classrooms, results showed that crucial aspects of learning and development, as measured by the ITERS, were often overlooked in the segregated classrooms. This was particularly evident in the activities planned and the way activities were conducted. Teachers in inclusive classrooms tended to offer children a wider variety of choices, not only in specific play items, but in selecting activities in which to participate. Teachers in the inclusive classrooms also created more opportunities for activities to be child-directed. Finally, children in the inclusive classrooms were provided more opportunities to experiment with physically and cognitively challenging activities.

Bailey and McWilliam (1990) argue that "the least intrusive and most normal strategies should be used to achieve (early intervention) effectiveness" (p. 33). These strategies include the provision of early intervention services within normalized environments such as child-care programs. However, these authors also recommend that these environments be effective in helping children grow and develop. This study did not document any relationships between environmental ratings and child progress. Further research must be conducted on the relationship between quality learning environments and the developmental outcomes of young children, especially as states begin to implement the natural environments requirement of Part H of IDEA.

References

Bailey, D. B., Clifford, R. M., & Harms, T. (1982). Comparison of preschool environments for handicapped and nonhandicapped children. *Topics in Early Childhood Special Education, 2*(1), 9–20.

Bailey, D., & McWilliam, R. (1990). Normalizing early intervention. *Topics in Early Childhood Special Education, 10*(2), 33–47.

Bruder, M. (1993). The provision of early intervention and early childhood special education within community early childhood programs: Characteristics of effective service delivery. *Topics in Early Childhood Special Education, 13*(1), 19–37.

Bruder, M., Deiner, P., & Sachs, S. (1990). Models of integration through early intervention/child care collaboration. *Zero to Three, 10*(3), 14–17.

Carta, J. J. (1994). Developmentally appropriate practices: Shifting the emphasis to individual appropriateness. *Journal of Early Intervention, 18*(4), 342–343.

Clifford, R. M., Russell, S., Fleming, J., Peisner, E., Harms, T., & Cryer, D. (1989). *Infant/Toddler Environment Rating Scale, reliability and validity studies.* Chapel Hill, NC: Frank Porter Graham Child Development Center, University of North Carolina.

Dunn, L. (1993). Proximal and distal features of day care quality and children's development. *Early Childhood Research Quarterly, 8*, 167–192.

File, N., & Kontos, S. (1993). The relationship of program quality to children's play in integrated early intervention settings. *Topics in Early Childhood Special Education, 13*(1), 1–18.

Frede, E., & Barnett, W. S. (1992). Developmentally appropriate public school preschool: A study of implementation of the High/Scope curriculum and its effects on disadvantaged children's skills at first grade. *Early Childhood Research Quarterly, 7*, 438–499.

Graham, M. A., & Bryant, D. M. (1993). Developmentally appropriate environments for children with special needs. *Infants & Young Children, 5*(3), 31–42.

Guralnick, M. J. (1990). *Assessment of peer relationships (draft version)*. Seattle: Research Institute on Preschool Mainstreaming, Child Development and Mental Retardation Center, University of Washington.

Harms, T., & Clifford, R. (1980). *The Early Childhood Environment Rating Scale*. New York: Teachers College Press.

Harms, T., & Clifford, R. M. (1989). *Family Day Care Rating Scale*. New York: Teachers College Press.

Harms, T., Cryer, D., & Clifford, R. M. (1990). *Infant/Toddler Environment Rating Scale*. New York: Teachers College Press.

Howes, C., & Olenick, M. (1986). Family and child care influences on toddlers' compliance. *Child Development*, 57, 202-216.

Howes, C., Phillips, D., & Whitebook, M. (1992). Thresholds of quality: Implications for the social development of children in center-based child care. *Child Development*, 63, 449-460.

Johnson, J. E., & Johnson, K. M. (1994). The applicability of developmentally appropriate practice for children with diverse abilities. *Journal of Early Intervention*, 18(4), 343-346.

Kontos, S. (1988). Family day care as an integrated early intervention. *Topics in Early Childhood Special Education*, 8(2), 1-14.

McCartney, K. (1984). Effect of quality of day care environment on children's language development. *Developmental Psychology*, 20, 244-260.

McCartney, K., Scarr, S., Phillips, D., Grajek, S., & Schwarz, J. C. (1982). Environmental differences among day care centers and their effects on children's development. In E. F. Zigler & W. W. Gordon (Eds.), *Day care: Scientific and policy issues* (pp. 126-151). Boston: Auburn House.

McLean, M., & Hanline, M. (1990). Providing early intervention services in integrated environments: Challenges and opportunities for the future. *Topics in Early Childhood Special Education*, 10(2), 62-77.

McLean, M. E., & Odom, S. L. (1993). Practices for young children with and without disabilities: A comparison of DEC and NAEYC identified practices. *Topics in Early Childhood Special Education*, 13(3), 274-292.

Odom, S. L. (1994). Developmentally appropriate practice, policies, and use for young children with disabilities and their families. *Journal of Early Intervention*, 18(4), 346-348.

Odom, S., & McEvoy, M. (1990). Mainstreaming at the preschool level: Potential barriers and tasks for the field. *Topics in Early Childhood Special Education*, 10(2), 48-61.

Phillips, D., & Howes, C. (1987). Indicators of quality in child care: Review of research. In D. Phillips (Ed.), *Quality in child care: What does research tell us?* (pp. 1-19). Washington, DC: National Association for the Education of Young Children.

Turnbull, A. P., Turnbull, H. R., & Blue-Banning, M. (1994). Enhancing inclusion of infants and toddlers with disabilities and their families: A theoretical and programmatic analysis. *Infants and Young Children*, 7(2), 1-14.

Vandell, D., & Powers, C. (1983). Day care quality and children's free play activities. *American Journal of Orthopsychiatry*, 53, 493-500.

Wolery, M., & Bredekamp, S. (1994). Developmentally appropriate practices and young children with disabilities: Contextual issues in the discussion. *Journal of Early Intervention*, 18(4), 331-341.

Wolery, M., Strain, P. S., & Bailey, D. B. (1992). Reaching potentials of children with special needs. In S. Bredekamp & T. Rosegrant (Eds.), *Reaching potentials: Appropriate curriculum and assessment for young children* (pp. 92-111). Washington, DC: NAEYC.

Address correspondence to:
Mary Beth Bruder, Ph.D.
Associate Professor
University of Connecticut
School of Medicine
Department of Pediatrics
309 Farmington Avenue
Farm Hollow Suite A-200
Farmington, CT 06032

EST COPY AVAILABLE

APPENDIX I

Community Inclusion Project
UConn Health Center
Division of Child and Family Studies

REQUEST FOR TRAINING/INFORMATION

Name: ____________________ Position: ____________________

Program: ____

Address: ____

Phone: (__)____________________

So that we may better accommodate you and your staff, please take a moment to provide the following information:

1. Please check the type of training/information you would prefer at this time:

____ Institute (consists of approximately 6 sessions)

____ Workshop (one-session overview of inclusion)

____ Training materials

2. Who will participate in this training?

____

____

____

3. What time of the day is best for training?

____ Morning
____ Midday (i.e., 10 - 1)
____ Afternoon
____ Other

4. What goals would you hope to achieve as a result of this Institute or Workshop?

____

____

____

5. What types of follow-up activities do you think would be beneficial to those who attend the training?

____

____

____

6. When would you like to begin your Institute or schedule your Workshop?

First choice: ______________________________
Second choice: ______________________________

7. It will be necessary for you to provide transportation, meal and hotel accommodations, if needed, for the project staff. Will you be able to arrange this?

____ yes ____ no ____ not at this time, but possibly in the future

8. Where would you like this training to be held?

Name of facility: ______________________________
Address: ______________________________
Phone Number: (____)____________________
Contact Person: ______________________________

Please return completed form as soon as possible to:

Marie Brand
Division of Child and Family Studies
University of Connecticut Health Center
Farm Hollow, Suite A200
309 Farmington Avenue
Farmington, CT 06032

If you have any questions, or if we can be of further assistance to you at this time, please call us at (914) 344-1519 or (203) 679-4632. We will look forward to hearing from you.

COMMUNITY INCLUSION PROJECT
UCONN Health Center
Division of Child and Family Studies

TRAINING CONTRACT

Name: ______________________ Position: ______________________

Program: ____

Address: ____

Phone: (___)__________________

This agreement is to confirm that __________________ will participate in training provided by the Community Inclusion Project. It is understood that participation in this training includes the following commitments:

1. We will participate in the following type of training:

____ Institute (consists of approximately 6 sessions)

____ Workshop (one-session overview of inclusion)

____ Check here if you would like NYSAC to co-sponsor this workshop with you.

2. The following people/agencies will participate in this training: (Please attatch separate sheet if necessary).

____

____

____

3. I know of a family who would like assistance including their child in a community program:

_____ yes _____ no

_____ Family is ready to begin inclusion process
_____ Family would like more information about inclusion
_____ Child is already included in a program - family wants classroom assistance

Family name: ______________________________
Child's name: ______________________________
Child's age: ______________________________
Family address: ______________________________
Family phone: (______) ______________

4. Training will be held on the following dates and times:

DAY	DATE	TIME

5. We will aim to achieve the following goals as a result of this training:

____
____
____
____

6. The following issues will be incorporated into the training agenda:

____
____
____
____

7. We agree to participate in the following activities to complete the follow-up component of this training:

____
____
____
____
____
____

8. It is understood that we must provide transportation, meal and hotel accommodations for the Community Inclusion Project staff. The following person will make the necessary arrangements and notify the Project staff with confirmation numbers at least one week before training begins.

Name and title of person responsible: ____________________

Phone number of person responsible: (____) ____________

9. We have made arrangements for this training to be held at the following location:

Name of facility: ____________________

Address: ____________________

Phone Number: (____) ____________

Contact Person: ____________________

10. Attached are the names and signatures of participants who agree to complete the components of this training, including evaluation measures and follow-up, as scheduled.

Signed: ____________________

Please print name: ____________________

Title: ____________________

Phone: (__) ____________

Please return completed contract as soon as possible to:

Marie Brand
3 Silver Lake Gardens #6-D
Middletown, NY 10940

If you have any questions, or if we can be of further assistance to you at this time, please call us at (914) 344-1519.

COMMUNITY INCLUSION PROJECT
TRAINING PARTICIPANTS

The following participants have agreed to the training content, timelines, schedule and components outlined in this contract:

NAME and TITLE PHONE (Please print)	AGENCY and ADDRESS SIGNATURE

Community Inclusion Project
UCONN Health Center
Division of Child and Family Studies

Date:________________

ECCP ______

EI ______

LEA ______

PARTICIPANT INFORMATION

Last Name	First	(Initial)

Home Address

City	State	Zip Code

Phone

Place of Employment	Position/Title

Address

City	State	Zip Code

Phone

Community Inclusion Project
UCONN Health Center
Division of Child and Family Studies

1. How long have you been working with young children birth to three years of age?

    ____________________ years

2. How long have you been working with young children three to five years of age?

    ____________________ years

3. Have you had any formal training with regard to children with disabilities?

    __________ Yes __________ No

    Please describe:

4. Please describe your current position and job responsibilities.

5. What specific information would you like to receive from the Community Inclusion Project staff on children with disabilities?

Community Inclusion Project
UCONN Health Center
Division of Child and Family Studies

6. In which area do you provide services?

- ____ Early Childhood Education
    - ____ Administration
    - ____ Teacher
    - ____ Assistant
- ____ Early Childhood Special Education
    - ____ Administration
    - ____ Teacher
    - ____ Consultant
    - ____ Assistant/Aide
- ____ Occupational Therapy
- ____ Physical Therapy
- ____ Speech and Language
- ____ Nursing
- ____ Psychology
- ____ Social Work
- ____ Other: ________________________________

7. What is your current diploma/degree?

____ HS
____ BA
____ MS
____ MSW
____ Ph.D.
____ DSW

____ Associate
____ BS
____ M.Ed.
____ Ed.D.
____ RN
____ Other ________________________________

____ MA
____ 6th year certificate
____ Post Masters
____ C.C.C.-SLP

COMMUNITY INCLUSION PROJECT
UCONN HEALTH CENTER
DIVISION OF CHILD AND FAMILY STUDIES

CONSUMER SATISFACTION SHEET

Name: ________________ Date:________________

Agency: ________________ Training No.: ________

Please rate the following statements on a scale of 1 through 5:
1 indicating that you strongly disagree with the statement;
2 indicating that you mildly disagree with the statement;
3 indicating neutral;
4 indicating that you mildly agree with the statement;
5 indicating that you strongly agree with the statement.

	Strongly Disagree		Neutral		Strongly Agree
I. CONTENT					
1. Objectives of the training were met.	1	2	3	4	5
2. All topics on the agenda were addressed.	1	2	3	4	5
3. The materials (e.g., readings, overheads) were relevant to the training content.	1	2	3	4	5
4. Adequate illustrations and examples were used during presentations.	1	2	3	4	5
5. Time was well organized.	1	2	3	4	5
6. The information is relevant and can be applied to my work situation.	1	2	3	4	5
7. I feel I now have a better understanding of the subject presented.	1	2	3	4	5

II. PRESENTER

1.	The presenters were well prepared and organized.	1	2	3	4	5
2.	The presenters were knowledgeable in the subject.	1	2	3	4	5
3.	The presenters used a variety of activities that corresponded with the content.	1	2	3	4	5
4.	The presenters were easy to listen to.	1	2	3	4	5
5.	The presenters valued our input.	1	2	3	4	5

III. LOGISTICS OF PRESENTATION

1.	I found the environment to be comfortable.	1	2	3	4	5
2.	There was adequate time for breaks during the training sessions.	1	2	3	4	5
3.	The size of the group was appropriate for the sessions.	1	2	3	4	5
4.	The location of the training was convenient for me.	1	2	3	4	5
5.	The day and time of the training was convenient for me.	1	2	3	4	5

IV. QUESTIONS

1. What did you find most helpful about the training?

2. What did you find least helpful about the training?

3. What additional information would you like to see included in future trainings?

4. What will you do differently as a result of this training?

Community Inclusion Project
UCONN Health Center
Division of Child and Family Studies

PROGRAM CHECKLIST

Program Information

Early Childhood Community Program: ______________________

Address: ______________________

____

Phone: ______________________

Director: ______________________

Other Staff: ______________________ Position: ______________________

Contacts: ______________________ ______________________

Group/Classroom to be Videotaped: ______________________

Total # Children in Group/Classroom: _____ Age Range: __________

Total # Children with Disabilities in Group/Classroom: _____

Directions to the Program: ______________________

____

____

____

____

____

Schedule Information

Information Area	Mon.	Tues.	Wed.	Thurs.	Fri.
Total # of children in Group/Classroom					
Total # Staff at Program (Teachers, Therapists, Other Staff)					
Name /Position:					
Name/Position:					
Name/Position:					
Name/Position:					
Name /Position:					
Name/Position:					
Name/Position:					
Best Potential Days for Videotaping					
Best Days for Meeting to Review Tapes (include time of day)					

Program Evaluation Measures

Early Childhood Community Program Agreement ____________

Early Childhood Community Program Profile ____________

ITERS ____________

ECERS ____________

Participant Demographics (EC Program Staff) ____________

Inclusion Benefits/Concerns Questionnaire (EC Program Staff) ____________

Participant Demographics (EI/Sp Ed Staff)) ____________

Inclusion Benefits/Concerns Questionnaire (EI/Sp Ed Staff) ____________

Other:

______________________________ ____________

______________________________ ____________

______________________________ ____________

______________________________ ____________

Community Inclusion Project
UCONN Health Center
Division of Child and Family Studies

COMMUNITY RESOURCES AND SUPPORTS

Name: ______________________ Interviewer: ______________________

Instructions: **Check "YES" or "NO" for each item and add comments as appropriate. Please answer ALL questions.**

Section I: **Knowledge and Experience**

Have you had experience with or do you need information on:	Yes	No	Need Info	Comments (type info, etc)
1. State Resources 1.1 Department of Education				
1.2 Office of Mental Retardation and Developmental Disabilities (OMRDD)				
1.3 Department of Health (DOH)				
1.4 Department of Social Services (DSS)				
1.5 Commission for the Blind				
1.6 Commission on the Deaf and Hearing Impaired				

--PLEASE GO ON TO THE NEXT PAGE--
(add comments on the back)

Community Inclusion Project
UCONN Health Center
Division of Child and Family Studies

COMMUNITY RESOURCES AND SUPPORTS

	Yes	No	Need Info	Comments (type info, etc)
1.7 Child Protective Services				
1.8 Office of Protection and Advocacy				
2. Financial Resources				
2.1 Social Security				
2.2 Supplemental Security Income				
2.3 Medicaid/Title XIX/Medicaid Waiver				
2.4 Health Insurance				
2.5 Aid to Families of Dependent Children/A.F.D.C.				
2.6 Parent Subsidy Aid				
2.7 Physically Handicapped Children's Fund				
2.8 Women Infants and Children (WIC)				
2.9 Food Stamps				

--PLEASE GO ON TO THE NEXT PAGE--
(add comments on the back)

Community Inclusion Project
UCONN Health Center
Division of Child and Family Studies

COMMUNITY RESOURCES AND SUPPORTS

	Yes	No	Need Info	Comments (type info, etc)
3. Medical Resources 3.1 Physician				
3.2 Physical Therapist (PT)				
3.3 Occupational Therapist (OT)				
3.4 Speech/Language Clinician				
3.5 Vision Testing				
3.6 Hearing Testing				
3.7 Orthopedics				
3.8 Dental Health				
3.9 Home Health Agencies (e.g., Visiting Nurses Association)				
3.10 Counseling				

--PLEASE GO ON TO THE NEXT PAGE--
(add comments on the back)

Community Inclusion Project
UCONN Health Center
Division of Child and Family Studies

Community Resources and Supports

	Yes	No	Need Info	Comments (type info, etc.)
3.11 Genetic Counseling				
3.12 Medical Equipment and Supply Vendors				
3.13 Specialty Clinics				
3.14 Medical Transport				
4. Local Resources 4.1 Support Groups				
4.2 Advocacy Groups (e.g. TASH, SAFE)				
4.3 Respite Care				
4.4 Local Education Agency (LEA) (e.g. school district)				
4.5 Early Intervention Programs				

---PLEASE GO ON TO THE NEXT PAGE---
(add comments on the back)

Community Inclusion Project
UCONN Health Center
Division of Child and Family Studies

Community Resources and Supports

	Yes	No	Need Info	Comments (type info, etc.)
5. Related Support Services 5.1 Diapers				
5.2 Formula				
5.3 Housing				
5.4 Housing Adaptions				
5.5 Transportation				
5.6 Employment				
5.7 Service Coordination				
6. Day Services 6.1 Availability of Early Intervention Programs				
6.2 Availability of Summer Programs				

---PLEASE GO ON TO THE NEXT PAGE---
(add comments on the back)

Community Inclusion Project
UCONN Health Center
Division of Child and Family Studies

Community Resources and Supports

	Yes	No	Need Info	Comments (type info, etc.)
6.3 Availability of recreation programs				
6.4 Availability of Day Care/Nursery Schools/Play Groups				
6.5 Availability of Religious Instruction for your child				

Community Inclusion Project
UCONN Health Center
Division of Child and Family Studies

Community Resources and Supports

Section 2: **Family/Caregiver**

Would you like to have the opportunity to :	Yes	No	Already Utilized	Date/ When	Comments
1. Attend a support group.					
2. Attend a advocacy group.					
3. Continue your education					

Would you be willing to assist other families/caregivers by:

4. Providing transportation					
5. Providing respite care					
6. Speaking to groups about inclusion					

693

---PLEASE GO ON TO THE NEXT PAGE---
(add comments on the back)

694

Community Inclusion Project
UCONN Health Center
Division of Child and Family Studies

Community Resources and Supports

	Yes	No	Already Utilized	Date/ When	Comments
7. Working with local chapters of national organizations to promote inclusion					
8. Providing your home for meetings					
9. Helping others with advocacy					

THE UNIVERSITY OF CONNECTICUT HEALTH CENTER
Community Inclusion Project
UConn Health Center
Division of Child and Family Studies
Farmington, Connecticut

Dear Parents:

The Community Inclusion Project is funded by the U.S. Department of Education. It is designed to provide outreach training to early intervention program staff, community early childhood staff and families on the inclusion of young children with disabilities in day care, nursery school and primary programs. The project is directed by Dr. Mary Beth Bruder, from the Department of Pediatrics at the University of Connecticut Health Center in Farmington.

Your child is presently attending a daycare/nursery school/primary program that is participating in this project and has included a child with a disability. As part of the project, video taping/slides of the children interacting in the classroom will be taken at six month intervals during different classroom activities and routines. These video tapes/slides will be used primarily for training with program staff and may be seen by other parents, professionals, and members of the community for purposes of project development, evaluation and publicity at the local, state and/or national level.

The Community Inclusion Project staff would like to request your permission to video tape/take slides of your child. Please sign the attached release form if you agree to allow video taping/slides of your child. You would also have access to any video taping or slides taken of your child. Your help is greatly appreciated. If you have any questions, please feel free to call me at (203) 679-4632. Thank you for your cooperation.

Sincerely,

Marie Brand
Marie Brand
Project Coordinator

Barbara Sherry
Barbara Sherry
Training Associate

MB/ll

An Equal Opportunity Employer

Community Inclusion Project
University of Connecticut Health Center
Division of Child and Family Studies
Farmington, Connecticut

VIDEO/SLIDE RELEASE

I ______________________________ give my permission to the Community Inclusion Project Staff to videotape/take slides of my child ______________________________. I understand that any identifying information about my child will not be revealed in these videotapes/slides and that these videotapes/slides will be used primarily for training with program staff and may be seen by other parents, professionals, and members of the community for purposes of project development, evaluation and publicity at the local, state and/or national level.

____
Parent/Guardian Signature

____
Date

This consent may be withdrawn any time by contacting:

Community Inclusion Project
University of Connecticut Health Center
Division of Child and Family Studies
Farmington, Connecticut 06032

Marie Brand
(203) 679-4632

Community Inclusion Project
UCONN Health Center
Division of Child and Family Studies

EARLY CHILDHOOD COMMUNITY PROGRAM AGREEMENT

I, ______________________________, as director of ______________________________, agree to participate in the Community Inclusion Outreach Training Project sponsored by the Division of Child and Family Studies. As part of the project I understand that the project staff will be visiting the center periodically for observation, data collection and evaluation. I also understand they will be videotaping and taking slides of the children (based on parental/guardian consent).

______________________________ ______________

Signature of Director Date

APPENDIX J

EARLY INTERVENTION PROGRAM REVIEW
REPLICATION CHECKLIST

Program Name: ______________________________ Date: __________________

1. Does the program have a written program philosophy which reflects current practices including the provision of early intervention in natural group environments?	YES	NO
a. Are there policies and procedures which support the program philosophy (e.g., fiscal, programmatic)?	YES	NO
2. Does the program have a consistent and ongoing system for family involvement?	YES	NO
a. Are there procedures/policies/practices to include families in the assessment process?	YES	NO
b. Are families informed of options for inclusion in the assessment process?	YES	NO
c. Are there procedures/policies/practices to allow families to establish priorities for their child's IEP goals and intervention placement?	YES	NO
d. Are families informed of their role in establishing their child's goals?	YES	NO
e. Are there continuing options for family involvement in a child's program?	YES	NO
f. Are families informed of the opportunities available for their continued involvement in their child's program?	YES	NO
g. Are there communication systems available to encourage continued family involvement?	YES	NO

EARLY INTERVENTION PROGRAM REVIEW (Cont'd.)

3. Does the program have a system of collaboration and communication with other agencies serving young children?	YES	NO
a. Are meetings held with staff from other agencies providing services to the children in the program?	YES	NO
b. Is there a transition policy for children as they enter and leave the program from/to other agencies/programs?	YES	NO
c. Are there interagency agreements with other programs in the community providing services to children in the program (e.g., joint delivery of services; transition procedures; fiscal policies)?	YES	NO

EARLY INTERVENTION PROGRAM REVIEW (Cont'd.)

4. Does the program have an early intervention service delivery team?	YES	NO
a. Are the following members included:	YES	NO
administration	YES	NO
special education	YES	NO
occupational therapy	YES	NO
physical therapy	YES	NO
speech and language therapy	YES	NO
nursing	YES	NO
psychology	YES	NO
social work	YES	NO
community program staff?	YES	NO
b. Are there weekly or bi-weekly team meetings?	YES	NO
c. Is there a team leader (informal or formal)?	YES	NO
d. Are there meeting agendas and written records for each meeting?	YES	NO
e. Is the assessment process jointly planned, implemented and integrated?	YES	NO
f. Are the intervention goals and activities jointly planned, implemented and integrated?	YES	NO
g. Are evaluation strategies jointly planned, implemented and integrated?	YES	NO

EARLY INTERVENTION PROGRAM REVIEW (Cont'd.)

5. Does the program develop integrated, activity based, functional IEP/IFSP?	YES	NO
a. Are the children assessed in a variety of natural environments (e.g., home, community programs)?	YES	NO
b. Are the children assessed using play-based transdisciplinary assessment protocols?	YES	NO
c. Are ecological inventories or activity based assessments used for assessment?	YES	NO
d. Is there a parent completed assessment used to develop the IEP/IFSP?	YES	NO
e. Are parent priorities used when developing IEP/IFSP goals and activities?	YES	NO
f. Are community early childhood staff included when developing IEP/IFSP goals and activities?	YES	NO
g. Is social competence the focus of the IEP/IFSP?	YES	NO
h. Are prioritized, integrated, activity based goals and objectives which address functional outcomes for each child (e.g., not taken from 1 assessment instrument) contained in the IEP/IFSP?	YES	NO
i. Are functional, measurable criteria (which describe the expected outcome for each child) contained in the IEP/IFSP?	YES	NO

6. Does the program delivery early intervention (or special education and related services) during daily age appropriate routines and activities in natural environments with children who are not disabled?	YES	NO
a. Are goals and objectives implemented across disciplines and behavioral domains by all staff?	YES	NO
b. Is social competence the focus of the child's daily routines/activities?	YES	NO
c. Is there a system for ongoing collaborative consultation among the staff and family for each child?	YES	NO
d. Are therapy related goals and objectives implemented within the daily routines and activities which occur in a natural environment (home or typical setting)?	YES	NO

7. Does the program have a consistent and ongoing system for cross disciplinary training and staff development?	YES	NO
a. Is there a system for determining staff development activities?	YES	NO
b. Are all staff included in the determination of (both individual and team) staff development activities?	YES	NO
c. Are staff development activities (both individual and group) implemented at least monthly?	YES	NO
d. Are resources (human, materials, financial) available for training?	YES	NO
e. Is there a system to evaluate staff development activities (individual and team)?	YES	NO
8. Is there a comprehensive system for evaluating the program?	YES	NO
a. Are there program goals and evaluation strategies (e.g., staff environment, collaborations)?	YES	NO
b. Are there child goals and evaluation strategies?	YES	NO
c. Are there family goals and evaluation strategies?	YES	NO
d. Does the program prepare an evaluation report on a regular basis (bi-yearly, yearly)?	YES	NO

APPENDIX K

YEAR 1
INSTITUTES

WESTCHESTER CO. DEPT. OF HEALTH

DEPARTMENT OF HEALTH - VALHALLA, NY (FEB. 1994)

INSTITUTE SESSIONS OVERVIEW

SESSION I: Establishing a Philosophy of Inclusion

OBJECTIVES

Participants will:

- identify current philosophy;
- brainstorm importance of a philosophy toward inclusion;
- identify key issues relating to philosophy toward inclusion;
- demonstrate ways to communicate philosophy to others.

ESTABLISHING A PHILOSOPHY OF INCLUSION

AGENDA

TOPIC	FORMAT
"Early Childhood At Its Best	Video
Importance of Philosophy	Lecture/Discussion
Current Philosophy	Lecture/Discussion
How Does Legislation Support Inclusion?	Lecture/Discussion
Examples of Philosophies Toward Inclusion	Lecture/Discussion
Key Components of a Philosophy Toward Inclusion	Brainstorm/Activity
BREAK	
Communicating Philosophy to Others	Brainstorm/Discussion
Philosophy vs. policy	Lecture/Discussion

ESTABLISHING A PHILOSOPHY OF INCLUSION

READINGS

Dunst, C.J., Trivette, C.M., 7 Deal, A.G. (1988). Enabling and empowering families: Principles and guidelines for practice. Cambridge, MA: Brookline Books.

National Early Childhood Technical Assistance System & Association for the Care of Children's Health. (1989). Philosophy and conceptual framework. In B.H. Johnson, M.J. McGonigel, & R.R. Kaufman (Eds.), Guidelines and recommended practices for the Individualized Family Service Plan (pp. 5-10), Washington, D.C: ACCH.

SESSION II: Collaborating With Others

OBJECTIVES

Participants will:

- define a team;
- identify reasons for, and ways to include families as full team members;
- apply the principles of active listening to interaction with other team members;
- define the term "collaboration";
- identify characteristics of role release;
- identify and describe the collaborative consultation model;
- apply the principles of collaborative consultation to interaction with children and families

COLLABORATING WITH OTHERS

AGENDA

TOPIC	FORMAT
What is a Team?	Lecture/Discussion
What Makes an Effective Team?	Lecture/Discussion
Including Families on the IFSP Team	Lecture/Discussion
BREAK	
Understanding Collaborative Consultation	Lecture/Discussion
Developing Child Strengths and Abilities Through Collaboration With Others	Lecture/Discussion
"Joining Forces"	Video

READINGS

Turnbull, A.P. & Turnbull H.R. (1986). Families, professionals and exceptionality: A special partnership. Columbus, OH: Merrill Publishing Company.

Landerholm, E. (1990). The transdisciplinary team. The transdisciplinary team approach. Teaching Exceptional Children, 22(2), 66-70.

Campbell, P. (1987). The integrated programming team: An approach for coordinating professionals of various disciplines in programs for students with severe and multiple handicaps. Journal of the Association for Persons with Severe Handicaps, 12(2), 107-116.

SESSION III: The Natural Assessment Process

OBJECTIVES

Participants will:

- incorporate appropriate assessment techniques into the IFSP process;
- identify the steps in a natural assessment process;
- identify strategies for including family members in assessments for the IFSP;
- identify functional skills;
- identify daily routines/activities of the natural settings in which a child participates;
- complete an ecological inventory for one child;
- develop functional objectives across daily occurring routines for one child;
- incorporating adaptations/supports into the IFSP in order for a child to participate independently in routines/activities in the natural setting;
- identify characteristics of an integrated team report.

THE NATURAL ASSESSMENT PROCESS

AGENDA

TOPIC	FORMAT
Use of a Natural Assessment Process for IFSP development	Lecture/Discussion
How Can We Include Families in the IFSP Assessment Process?	Lecture/Brainstorm
What are Functional Skills?	Lecture/Discussion
Identification of Daily Routines and Activities for IFSP development	Lecture/Discussion
BREAK	
Completing an Ecological Inventory for a Child	Lecture/Activity
Development of Functional Objectives Across Routines	Lecture/Activity
Identification of Adaptations and Supports for a Child	Lecture/Activity
Development of an Integrated Team Report	Lecture/Discussion

THE NATURAL ASSESSMENT PROCESS

READINGS

Bagnato, S.J., Neisworth, J.Y, & Munson, S.M. (1989). Developmental assessment: Principles and procedures. In Linking developmental assessment and early intervention: Curriculum based prescriptions (2nd ed.), pp. 32-58. Rockville, MD: Aspen Publishing Co.

Baily, D.B. & Wolery, M. (1989). Assessing infants and preschoolers with handicaps. Columbus, OH: Merrill Publishing Company.

Baily, D.B. & Simeonsson, R.J. (Eds.) (1988). Family assessment in early intervention. Columbus, OH: Merrill Publishing Company.

Fewell, R., Sandall, S. (1983). Curricula adaptations for young children: Visually impaired, hearing impaired, and physically impaired. Topics in Early Childhood Special Education, 2(4), 51-66.

Bricker, D. & Cripe, J. (1992). An Activity-Based Approach to Early Intervention. MD: Brookes Publishing Co.

SESSION IV: Evaluating the Effectiveness of the Program

OBJECTIVES

Participants will:

- identify methods for appropriate instruction at home or in the classroom;
- employ techniques of environmental, peer and teacher mediation in the classroom;
- identify methods to promote generalization of new skills;
- identify strategies to evaluate intervention;
- identify the criteria stated in the Infant/Toddler Environment Rating Scale to evaluate appropriate learning environments.

EVALUATING THE EFFECTIVENESS OF THE PROGRAM

AGENDA

TOPIC	FORMAT
Incorporating the Principles of Natural Assessment and Activity/Routines Based Instruction into the Home and Classroom Setting	Lecture/Activity
Understanding Environmental, Peer and Teacher Mediation Strategies	Lecture/Discussion
Promoting the Generalization of New Skills	Lecture/Brainstorm
Methods for Evaluating the Effectiveness of Intervention	Lecture/Discussion
Using the Infant/Toddler Environment Rating Scale to Evaluate Appropriate Learning Environments	Lecture/Discussion

EVALUATING THE EFFECTIVENESS OF THE PROGRAM

READINGS

Harms, T., Cryer, D., & Clifford, R.M. (1990). Infant/Toddler Environment Rating Scale. New York: Teachers College Press.

Mulligan, M., & Guess, D. (1984). Using an individualized curriculum sequencing model. In L. McCormick & R.L. Schiefelbusch (Eds.), Early language intervention (pp. 300-323). Columbus, OH: Charles E. Merrill Publishing Company.

FOLLOW-UP TASK

OBJECTIVE

Participant will:

- identify appropriate classroom practices through observation using the Infant/Toddler Environment Rating Scale.

Session Description: (2 1/2 hours at a classroom site)

Participants will break up into groups of 3 or 4 and meet at a community child care setting. Using the Early Childhood Community Program Inventory for Families, participants will practice the objective evaluation of a setting in terms of its appropriateness for young children. Skillful use of the tool will be stressed, as well as the use of the objective observation.

Follow-up: Upon completion of the observation, each small group will meet and compile a report summarizing their observations, detailing their suggestions for environmental improvement and outlining plans for

INSTITUTE FOLLOW-UP TASK

OBJECTIVE

Participant will:

- demonstrate knowledge of the IFSP process by incorporating team development, collaboration, assessment, instruction and program evaluation skills into the development of an IFSP for one child.

Task Description:

Participants will utilize the skills learned throughout the Institute training to complete an IFSP for the child and family.

Participants will demonstrate competency in the following areas:

- interviewing family members to determine their concerns, priorities and resources;
- utilizing the natural assessment process to determine appropriate outcomes and objectives;
- working with the family to complete an ecological inventory of the child's naturally occurring daily routines and activities to incorporate objectives across routines and across environments;
- evaluating the effectiveness of a classroom setting through the use of the Infant/Toddler Environment Rating Scale.

Participants will complete a Team Meeting Record during each meeting to summarize agendas, responsibilities and follow-up of each meeting. Assessment results will be summarized in an integrated team report and an IFSP will be developed. Instructors will provide feedback to each group upon the completion of their task.

PARTICIPATION LIST

Westchester DOH

Name/Title/Agency	Address	Telephone
Susanne Kaplan, Director Westchester County DOH	19 Bradhurst Avenue Hawthorne, NY 10532	593-5152
Alice Dicki WC DOH	19 Bradhurst Avenue Hawthorne, NY 10532	593-5277
Sue Ann Galante Ed Specialist/Service Coord.	19 Bradhurst Avenue Hawthorne, NY 10532	593-5269
Janice Granbard Service Coord/RN	19 Bradhurst Avenue Hawthorne, NY 10532	593-5269
Alvin Davis Service Coordinator	19 Bradhurst Avenue Hawthorne, NY 10532	593-5282
Sue Bensadon WC DOH Inclusion Specialist	19 Bradhurst Avenue Hawthorne, NY 10532	593-5147
Laura Sapirstein WC DOH Inclusion Specialist	19 Bradhurst Avenue Hawthorne, NY 10532	593-5194
Meryl Bevard	19 Bradhurst Avenue Hawthorne, NY 10532	593-5192
Veronica Strawder WC DOH Program Coordinator	19 Bradhurst Avenue Hawthorne, NY 10532	593-5204
Randi Brown Ed. Specialist/ School Psychologist	19 Bradhurst Avenue Hawthorne, NY 10532	593-5249
Susan Cohen CPSE Yonkers	150 Rockland Avenue Yonkers, NY 10705	376-8211
Dorothy J. Dennis, Ph.D CPSE Chairperson	5 Homeside Lane White Plains, NY 10605	422-2037
Camille Coiro	19 Bradhurse Avenue Hawthorne, NY 10532	593-5152

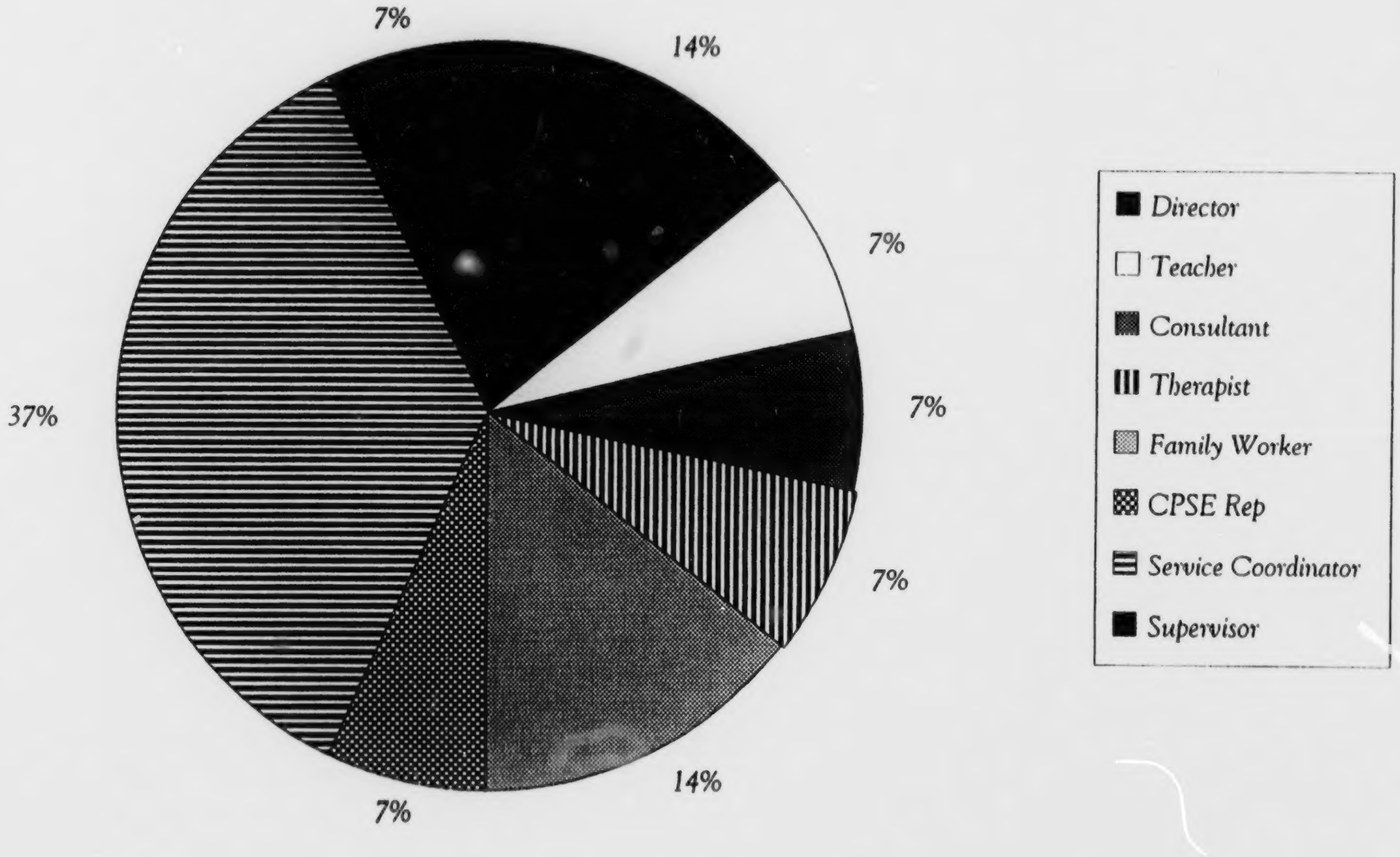
COMMUNITY INCLUSION PROJECT
UCONN HEALTH CENTER
DIVISION OF CHILD & FAMILY STUDIES

PRE-POST QUESTIONNAIRE SCORE SUMMARY

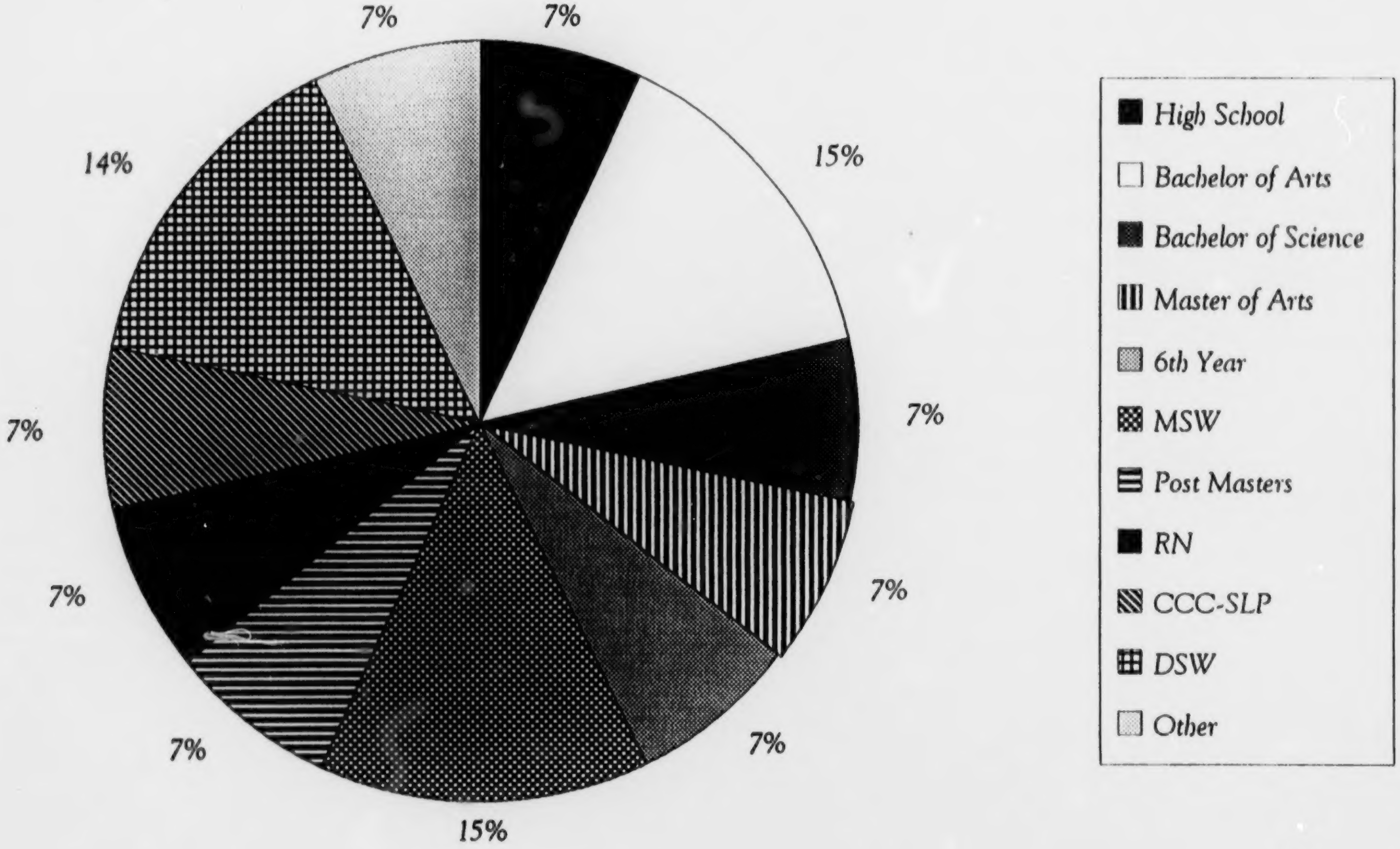
Agency Name and Location: Westchester County DOH
Institute Number: 01 Date: 2/1/94

ID#	PARTICIPANT NAME	PRE-TEST	POST-TEST
1	Camille Coiro	48%	94%
2	Sue Bensadon	45%	100%
3	Susan Cohen	45%	--
4	Sue Ann Galante	45%	83%
5	Randi Brown	57%	89%
6	D.J. Deans	42%	--
7	Susanne Kaplan	48%	91%
8	Alice Dick	39%	--
9	Veronica Strawder	54%	94%
10	Meryl Bovard	54%	--
11	Alvin Davis	18%	91%
12	Janice Granbard	45%	94%
13	Janet Salazar	21%	97%
14	Laura Sapirstein	21%	100%
	MEAN SCORES	41.5%	93.3%

Discipline of Participants in Institute 01



Level of Education of Participants in Institute 01



ROCHESTER CHILDREN'S NURSERY

731

PARTICIPANT LIST

Agency Name and Address: Rochester Children's Nursery
Date of Training: 2/3/94
Training ID#: 02 (Institute)

Name/Title/Agency	Address	Telephone
J. Cordello RCN	941 South Avenue Rochester, NY 14620	473-2858
Kimberly Fowler	941 South Avenue Rochester, NY 14620	473-2858
Victoria F. Weaver	941 South Avenue Rochester, NY 14620	473-2858
Janet Healey	941 South Avenue Rochester, NY 14620	473-2858
Mariellen Cupini	941 South Avenue Rochester, NY 14620	473-2858
Sandy Wright	941 South Avenue Rochester, NY 14620	473-2858
Phyllis Zihitl	941 South Avenue Rochester, NY 14620	473-2858
Michelle Prince	941 South Avenue Rochester, NY 14620	473-2858

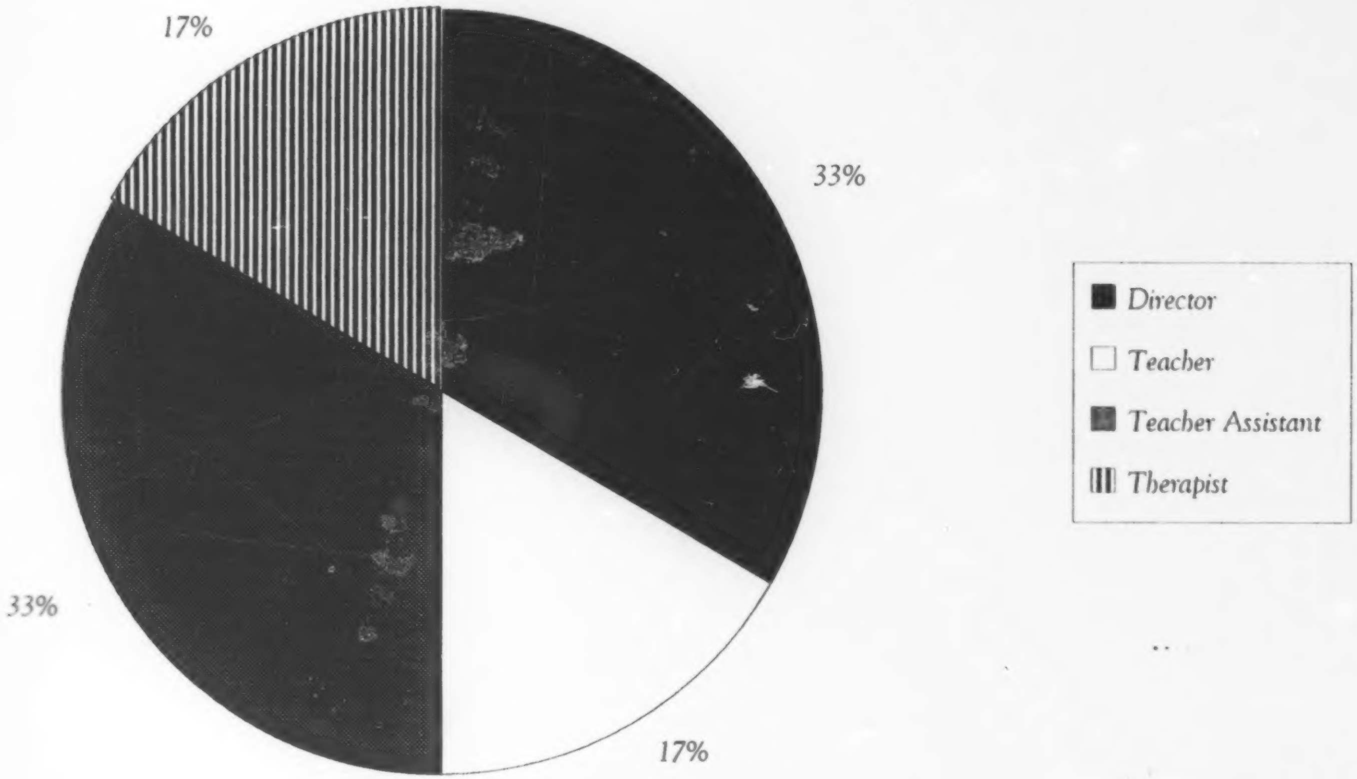
COMMUNITY INCLUSION PROJECT
UCONN HEALTH CENTER
DIVISION OF CHILD & FAMILY STUDIES

PRE-POST QUESTIONNAIRE SCORE SUMMARY

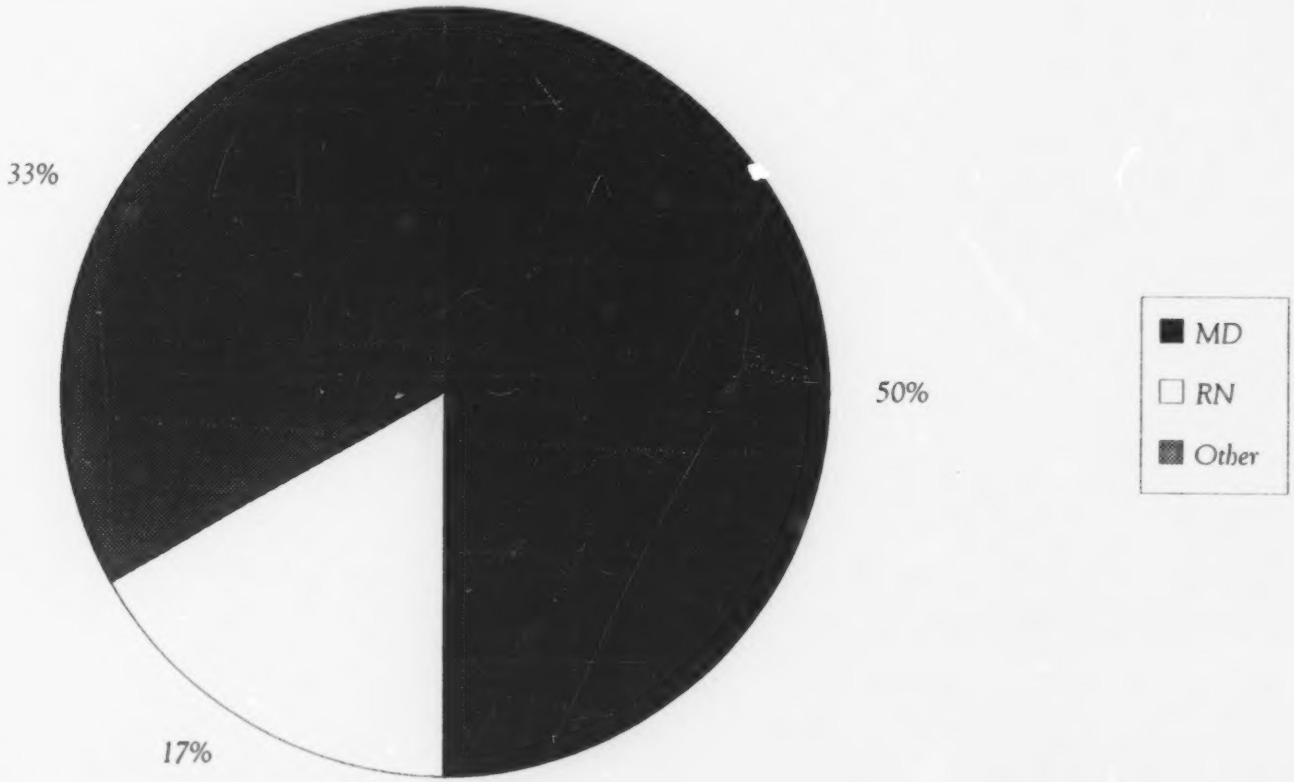
Agency Name and Location: Rochester Children's Nursery
Institute Number: .02 (Institute) Date: 2/3/94

ID#	PARTICIPANT NAME	PRE-TEST	POST-TEST
15	Kimberly Fowler	63%	100%
16	Victoria Weaver	60%	93%
17	Michelle Prince	36%	93%
18	Phyllis White	30%	87%
19	Sandra Wright	15%	87%
20	Janet Healey	36%	62%
21	Judith Cordello	33%	87%
22	Mariellen Cupini	45%	87%
	MEAN SCORES	39.7%	87.0%

Discipline of Participants in Institute 02



Level of Education of Participants in Institute 02



ROCHESTER CHILDREN'S NURSERY (FEB. 1994)

INSTITUTE SESSIONS OVERVIEW

SESSION I (Part 1): Establishing a Philosophy of Inclusion

OBJECTIVES

Participants will:

- identify current philosophy;
- brainstorm importance of a philosophy toward inclusion;
- identify key issues relating to philosophy toward inlcusion;
- demonstrate ways to communicate philosophy to others.

ESTABLISHING A PHILOSOPHY OF INCLUSION

AGENDA

TOPIC	FORMAT
"Early Childhood at its Best"	Video
Importance of Philosophy	Lecture/Discussion
Current Philosophy	Lecture/Discussion
Examples of Philosophies Toward Inclusion	Lecture/Discussion
Key Components of a Philosophy Toward Inclusion	Brainstorm/Activity
BREAK	
Communicating Philosophy to Others	Brainstorm/Discussion
Philosophy vs. policy	Lecture/Discussion

READINGS

University of Connecticut Health Center, Child and Family Studies, Department of Pediatrics (1990). Children With Complex Health Care Needs: A Guide for Families. Farmington, CT.

National Early Childhood Technical Assistance System & Association for the Care of Children's Health. (1989). Philosophy and conceptual framework. In B.H. Johnson, M.J. McGonigel, & R.R. Kaufman (Eds.), Guidelines and recommended practices for the Individualized Family Service Plan (pp. 5-10), Washington, DC: ACCH.

SESSION I (Part II): Collaborating With Others

OBJECTIVES

Participants will:

- define a team;
- identify reasons for, and ways to include families as full team members;
- apply the principles of active listening to interactions with other team members;
- define the term "collaboration";
- identify characteristics of role release;
- identify and describe the collaborative consultation model;
- apply the principles of collaborative consultation to interaction with children and families.

COLLABORATING WITH OTHERS

AGENDA

TOPIC	**FORMAT**	
What is a Team?	Lecture/Discussion	
What Makes an Effective Team?	Lecture/Discussion	
Including Families on the IFSP Team	Lecture/Discussion	Communic. activity

BREAK

TOPIC	**FORMAT**
Understanding Collaborative Consultation	Lecture/Discussion
Developing Child Strengths and Abilities Through Collaboration With Others	Lecture/Discussion

READINGS

Turnbull, A.P. & Turnbull, H.R. (1986). Families, professionals and exceptionality: A special partnership. Columbus, OH: Merrill Publishing Company.

Landerholm, E. (1990). The transdisciplinary team approach. Teaching Exceptional Children, 22(2), 66-70.

Campbell, P. (1987). The integrated programming team: An approach for coordinating professionals of various disciplines in programs for students with severe and multiple handicaps. Journal of the Association for Persons with Severe Handicaps, 12(2), 107-116.

SESSION II: Development of the IFSP

OBJECTIVES

Participants will:

- explain the purpose of the IFSP;
- incorporate appropriate assessment techniques into the IFSP process;
- identify the steps in a natural assessment process;
- identify strategies for including family members in assessments for the IFSP;
- identify functional skills;
- identify daily routines/activities of the natural settings in which a child participates;
- complete an ecological inventory for one child;
- develop functional objectives across daily occurring routines for one child;
- incorporating adaptations/supports into the IFSP in order for a child to participate independently in routines/activities in the natural setting;
- identify characteristics of an integrated team report.

AGENDA

TOPIC	FORMAT
Overview of the IFSP Process	Lecture/Discussion
Respecting Families	Lecture/Activity
Working Collaboratively With Families	Lecture/Activity
"Family Centered Care"	Video

BREAK

TOPIC	FORMAT
Adapting Activities	Lecture
Incorporating Target Behaviors into Naturally Occuring Daily Routines and Activities	Lecture/Activity

READINGS

Bagnato, S.J., Neisworth, J.Y., & Munson, S.M. (1989). Developmental assessment: Principles and procedures. In Linking developmental assessment and early intervention: Curriculum based prescriptions (2nd ed.), pp. 32-58. Rockville, MD: Aspen Publishing Co.

Bailey, D.B. & Wolery, M. (1989). Assessing infants and preschoolers with handicaps. Columbus, OH: Merrill Publishing Company.

Bailey, D.B. & Simeonsson, R.J. (Eds.) (1988). Family assessment in early interention. Columbus, OH: Merrill Publishing Company.

Fewell, R., Sandall, S. (1983). Curricula adaptations for young children: Visually impaired, hearing impaired, and physically impaired. Topics in Early Childhood Special Education, 2(4), 51-66.

Bricker, D. & Cripe, J. (1992). An Activity-Based Approach to Early Intervention. MD: Brookes Publishing Co.

SESSION III: Evaluating the Effectiveness of the Program

OBJECTIVES

Participants will:

- identify methods for appropriate instruction at home or in the classroom;
- employ techniques of environmental, peer and teacher mediation in the classroom;
- identify methods to promote generalization of new skills;
- identify strategies to evaluate intervention;
- demostrate the use of the Early Childhood Community Program Profile
- identify the criteria stated in the Infant/Toddler Environment Rating Scale or Early Childhood Environment Rating Scale to evaluate appropriate learning environments.

EVALUATING THE EFFECTIVENESS OF THE PROGRAM

AGENDA

TOPIC	FORMAT
Understanding Environmental, Peer and Teacher Mediation Strategies	Lecture/Activity
Promoting the Generalization of New Skills	Lecture/Discussion
BREAK	
Methods for Evaluating the Effectiveness of Intervention	Lecture/Brainstorm
Using the Early Childhood Community Program Profile	Activity
Using an Observational Rating Scale to Evaluate Environmental Appropriateness	Lecture/Discussion
"Joining Forces"	Video

READINGS

Harms, T., Cryer, D., & Clifford, R.M. (1990). Infant/Toddler Environment Rating Scale. New York: Teachers College Press.

Mulligan, M., & Guess, D. (1984). Using an individualized curriculum sequencing model. In L. McCormick & R.L. Schiefelbusch (Eds.), Early language intervention (pp. 300-323). Columbus, OH: Charles E. Merrill Publishing Company.

BEST COPY AVAILABLE

FOLLOW-UP TASK

OBJECTIVE

Participants will:

- identify appropriate classroom practices through observation using the Early Childhood Community Program Profile and either the Infant/Toddler Environment Rating Scale or Early Childhood Environment Rating Scale.

Session Description: (2 1/2 hours at a classroom site)

Participants will break up into groups of 3 or 4 and meet at a community childcare setting. Using the Early Childhood Community Program Profile, participants will practice the objective evaluation of a setting in terms of its appropriateness for young children. Skillful use of the tools will be stressed, as well as the use of objective observation.

Follow-up: Upon completion of the observation, each small group will meet and compile a report summarizing their observations, detailing their suggestions for environmental improvement, and outlining plans for follow-up with the setting.

BEST COPY AVAILABLE

FOLLOW UP TASK

Objective: Participants will demonstrate understanding of adapting activities to meet the needs of an individual child by completing and Ecological Inventory and Activity Based Instruction Chart for one child.

ACTIVITY: Using the Natural Assessment Process

Directions: Please think of a typical daily routine and corresponding activities for a target child you know. Complete the Ecological Inventory chart identifying the skills necessary for a child to be successful in each activity you have identified. Next, determine the skills that need to be developed by your target child in order for him/or her to be as independent as possible in each activity. Finally, strategize intervention options that include adaptations and supports to foster independence and maximize success for the child you have targeted. Use the following chart to summarize your information.

ROCHESTER PUBLIC SCHOOLS

Rochester Preschool Parent Program

Rochester Public Schools

Participant List

Name	Position
Sondra L. Brooks	PGL (Parent Group Leader)
Jackie Richardson	PGL
Diane Wright	Children's Teacher
Julie Sattelberg	CT (Children's Teacher)
Kathleen L. Karafonda	Helping Teacher
Julia A. Guttman	Project Supervisor
Joyce Button	CT
Carol Robinson	Teaching Aide
Mary Temple	Helping Teacher
Gloria Crossdale	Para
Kathy McCloud	Para
Christine Blocker	Para
Jean G. Smith	PGL
Ellen Horn	Helping Teacher
Debby T. Miller	PGL
Eileen M. Hart	Special Educator
Lynn Shipe	CT
Terry Chaka	PGL
Joyce Button	RPPP

ROCHESTER PUBLIC SCHOOLS (2/2/94)

INSTITUTE SESSIONS OVERVIEW

SESSION I: (Part I) Establishing a Philosophy of Inclusion

OBJECTIVES

Participants will:

- identify current philosophy;
- brainstorm importance of a philosophy toward inclusion;
- identify key issues relating to philosophy toward inkcusion;
- demonstrate ways to communicate philosophy to others.

BEST COPY AVAILABLE

ESTABLISHING A PHILOSOPHY OF INCLUSION

AGENDA

TOPIC	FORMAT
"Early Childhood at its Best"	Video
Importance of Philosophy	Lecture/Discussion
Current Philosophy	Lecture/Discussion
How Does Legislation Support Inclusion?	Lecture/Discussion
Examples of Philosophies Toward Inclusion	Lecture/Discussion
Key Components of a Philosophy Toward Inclusion	Brainstorm/Activity
BREAK	
Communicating Philosophy to Others	Brainstorm/Discussion
Philosophy vs. policy	Lecture/Discussion

SESSION I (Part II): Collaborating With Others

OBJECTIVES

Participants will:

- define a team;
- identify reasons for, and ways to include families as full team members;
- apply the principles of active listening to interactions with other team members;
- define the term "collaboration";
- identify characteristics of role release;
- identify and describe the collaborative consultation model;
- apply the principles of collaborative consultation to interaction with children and families.

BEST COPY AVAILABLE

COLLABORATING WITH OTHERS

AGENDA

TOPIC	FORMAT
What is a Team?	Lecture/Discussion
What Makes an Effective Team?	Lecture/Discussion
Including Families on the IEP Team	Lecture/Discussion
BREAK	
Understanding Collaborative Consultation	Lecture/Discussion
Developing Child Strengths and Abilities Through Collaboration With Others	Lecture/Discussion

BEST COPY AVAILABLE

SESSION II: Development of the IEP

OBJECTIVES

Participants will:

- explain the purpose of the IEP;
- incorporate appropriate assessment techniques into the IEP process;
- identify the steps in a natural assessment process;
- identify strategies for including family members in assessments for the IFSP;
- identify functional skills;
- identify daily routines/activities of the natural settings in which a child participates;
- complete an ecological inventory for one child;
- develop functional objectives across daily occurring routines for one child;
- incorporating adaptations/supports into the IEP in order for a child to participate independently in routines/activities in the natural setting;
- identify characteristics of an integrated team report.

BEST COPY AVAILABLE

AGENDA

TOPIC	FORMAT
Overview of the IEP Process	Lecture/Discussion
Including Families in the IEP Assessment Process	Lecture/Brainstorm
"Working Collaboratively With Families"	Activity
BREAK	
The Natural Assessment Process	Lecture
Completing an Ecological Inventory	Activity
Incorporating target behaviors into naturally occuring daily routines and activities	Lecture/Activity
Evaluating a Plan to Implement Intervention	Lecture/Brainstorm

BEST COPY AVAILABLE

SESSION III: Evaluating the Effectiveness of the Program

OBJECTIVES

Participants will:

- identify methods for appropriate instruction at homeor in the classroom;
- employ techniques of environmental, peer and teacher mediation in the classroom;
- identify methods to promote generalization of new skills;
- identify strategies to evaluate intervention;
- demostrate the use of the Early Childhood Community Program Profile
- identify the criteria stated in the Early Childhood Environment Rating Scale to evaluate appropriate learning environments.

BEST COPY AVAILABLE

EVALUATING THE EFFECTIVENESS OF THE PROGRAM

AGENDA

TOPIC	FORMAT
Incorporating the Principles of Natural Assessment and Activity Routines Based Instruction into the Home and Classroom Setting	Lecture/Discussion
Understanding Environmental, Peer and Teacher Mediation Strategies	Lecture/Activity
Promoting the Generalization of New Skills	Lecture/Discussion
BREAK	
Methods for Evaluating the Effectiveness of Intervention	Lecture/Brainstorm
Using the Early Childhood Environment Rating Scale to Evaluate Appropriate Learning Environments	Lecture/Discussion
"Family-Centered Care"	Video

BEST COPY AVAILABLE

FOLLOW-UP TASK

OBJECTIVE

Participants will:

- identify appropriate classroom practices through observation using the Early Childhood Community Program Profile and the Early Childhood Environment Rating Scale.

Session Description: (2 1/2 hours at a classroom site)

Participants will break up into groups of 3 or 4 and meet at a community childcare setting. Using the Early Childhood Community Program Profile, participants will practice the objective evaluation of a setting in terms of its appropriateness for young children. Skillful use of the tools will be stressed, as well as the use of objective observation.

Follow-up: Upon completion of the observation, each small group will meet and compile a report summarizing their observations, detailing their suggestions for environmental improvement, and outlining plans for follow-up with the setting.

BEST COPY AVAILABLE

FOLLOW-UP TASK

OBJECTIVE

Participants will:

- demonstrate knowledge of the IEP process by incorporating team development, collaboration, assessment, instruction and program evaluation skills into the development of an IEP for one child.

Task Description:

Participants will utilize the skills learned throughout the Institute training to complete an IEP for one child and family.

Participants will demonstrate competency in the following areas:

- interviewing family members to determine their concerns.
- utilizing the natural assessment process to determine approriate outcomes and objectives;
- working with the family to complete an ecological inventory of the child's naturally occurring daily routines and activities to incorporate objectives across routines and across environments;
- evaluating the effectiveness of a classroom setting through the use of the Early Childhood Community Program Profile and the Early Childhood Environment Rating Scale.

Participants will complete a Team Meeting Record during each meeting to summarize agendas, responsibilities, and follow-up of each meeting. Assessment results will be summarized in an integrated team report, and an IEP will be developed. Instructors will provide feedback to each group upon the completion of their task.

BEST COPY AVAILABLE

April 15, 1994

TO: Marie Brand

FROM: Ellen Horn
Rochester Preschool-Parent Program

RE: Itinerant Special Education Model

The Rochester Preschool Parent Program (RPPP) implemented the Itinerant Special Education Inclusion Model in September, 1993. Five preschool groups in four elementary school sites (# 2, #4, #16 A.M. and P.M. #29) were selected. Consideration was given to the location of each school to reduce traveling time for the Special Education teacher. Initially eight children were assigned to RPPP. Most of these children who were identified as needing special education services had speech/language delays. One child required Occupational Therapy only. Two additional preschoolers already enrolled in RPPP were found to qualify for related and itinerant special education services and began receiving them in April, 1994.

Ellen

Ellen Horn

BEST COPY AVAILABLE

ROCHESTER PRESCHOOL-PARENT PROGRAM
NO. 4 SCHOOL - ROOM 27
198 BRONSON AVENUE
ROCHESTER, NEW YORK 14611
(716) 328-3360 OR 464-6171

3/22/93

CITY SCHOOL DISTRICT

ROCHESTER PRESCHOOL-PARENT PROGRAM

I. PHILOSOPHY/MISSION

We believe that

- every child is capable of learning;
- early experiences are exceptionally impacting on the child's personhood;
- education for young children (those with disabilities as well as those who are developing typcially) must be developmentally appropriate - congruent with our knowledge and understanding of human development and principles of learning;
- effective teachers recognize the individuality of each child while respecting the socio-cultural environments that shape growth;
- a child is primarily influenced by the interactions and nurturance received from adults; and therefore;
- we value the importance of the parents' (or surrogate parents') relationships with the child and incorporate within the basic program meaningful ways to include parents regularly.

II. PROGRAM DESCRIPTION

A. ORGANIZATION

Rochester Preschool-Parent Program is a City School District program currently operating 29 groups in 20 sites (19 public shcools and one church). The program design combines educational group experiences for four-year-olds (and threes after fours are served) with weekly educational group sessions for the parent or surrogate parent. Group size is from 16 to 18 children. Each classroom is staffed with a certified children's teacher and a paraprofessional. The weekly parent group is staffed by a facilitator (Parent Group Leader). This is a mainstream program open to any city resident family. It is available on a no-fee basis and accessible in 20 neighborhood school locations. The total number of students this year is 445 children and 429 parents.

B. PURPOSE

1. To increase the potential for school success and optimal development of young children by offering developmentally appropriate experiences in a group setting;

2. To strengthen the parent as primary teacher and guide of the young child.

C. STAFF - Hourly paid, part-time.

22 Children's Teachers - certified N-6 or K-6
25 Teacher Aides - High School Diploma
16 Parent Group Leaders - 4 year degree minimum

1 Full time Project Supervisor - Certified School Administrator (10 months)
1 Full time Secretary (10 months)
2 Helping Teachers - Certified K-6 and N-6 and 1 C.S.A.S. (10 months)
2 Helping Teachers - part-time
1 Speech Therapist - .4 certified
1 School Psychologist - .4 certified

BEST COPY AVAILABLE

ROCHESTER PRESCHOOL-PARENT PROGRAM
School No. 4 - Room 27
198 Bronson Avenue
Rochester, New York 14611

1992-93

PROGRAM OBJECTIVES

The educational goals of Preschool-Parent Program focus on increasing the potential for school success and adjustment of young children by:

1. providing parents with understanding and help in dealing with the prekindergarten and school age child; and

2. offering three and four year old children professionally guided educational experiences designed to prepare the child for kindergarten.

The program goals for parents and for children can be stated more specifically by the following division;

1. Educational goals of the parent program:

    A. Knowledge and understanding of the normal developmental experiences and problems of children both at home and at school with the purpose of helping parents accept and cope with child behavior.

    B. Opportunity for parents to discuss those relationships within the family which influence the child's development and school behavior.

    C. Enabling parents to increase self-understanding and to use their strengths and individuality more positively within the family

    D. Knowledge and acceptance of any special problems of the child or family which may affect school success.

    E. Early identification of potentially handicapping behavior (speech, hearing, sight, learning disability, etc.) and referral of the parent to appropriate community resources

    F. Encouraging parents toward active involvement in the child's schooling through relationships with other parents, teachers, principals, and any other school personnel.

2. Educational objectives for the children's program:

    A. Language development

    B. Self-expression and self-esteem

    C. Perceptual and concept development

    D. Development of independence from parents and siblings

    E. Learning to work within a school group

    F. Skills in relating with teachers and children

-OVER-

COMMUNITY INCLUSION PROJECT
UCONN HEALTH CENTER
DIVISION OF CHILD & FAMILY STUDIES

PRE-POST QUESTIONNAIRE SCORE SUMMARY

Agency Name and Location: Rochester Preschool Parent Program
(Rochester Public Schools)
Institute Number: .03 Date: 2/4/94

ID #	PARTICIPANT NAME	PRE-TEST	POST-TEST
23	Terry Chaka	--	88%
24	Patricia Bourcy	--	--
25	Ellen Horn	48%	100%
26	Julie Sattleberg	36%	94%
27	Sondra Brooks	9%	64%
28	Tracey Scott	24%	--
29	Kathleen Karafonda	27%	--
30	Deborah Miller	33%	91%
31	Christine Blocker	19%	91%
32	Jean Smith	3%	--
33	Joyce Button	15%	85%
34	Nella Corryn	33%	--
35	Gertrude COle	21%	--
36	Kathy McCloud	6%	--
37	Diane Wright	24%	85%

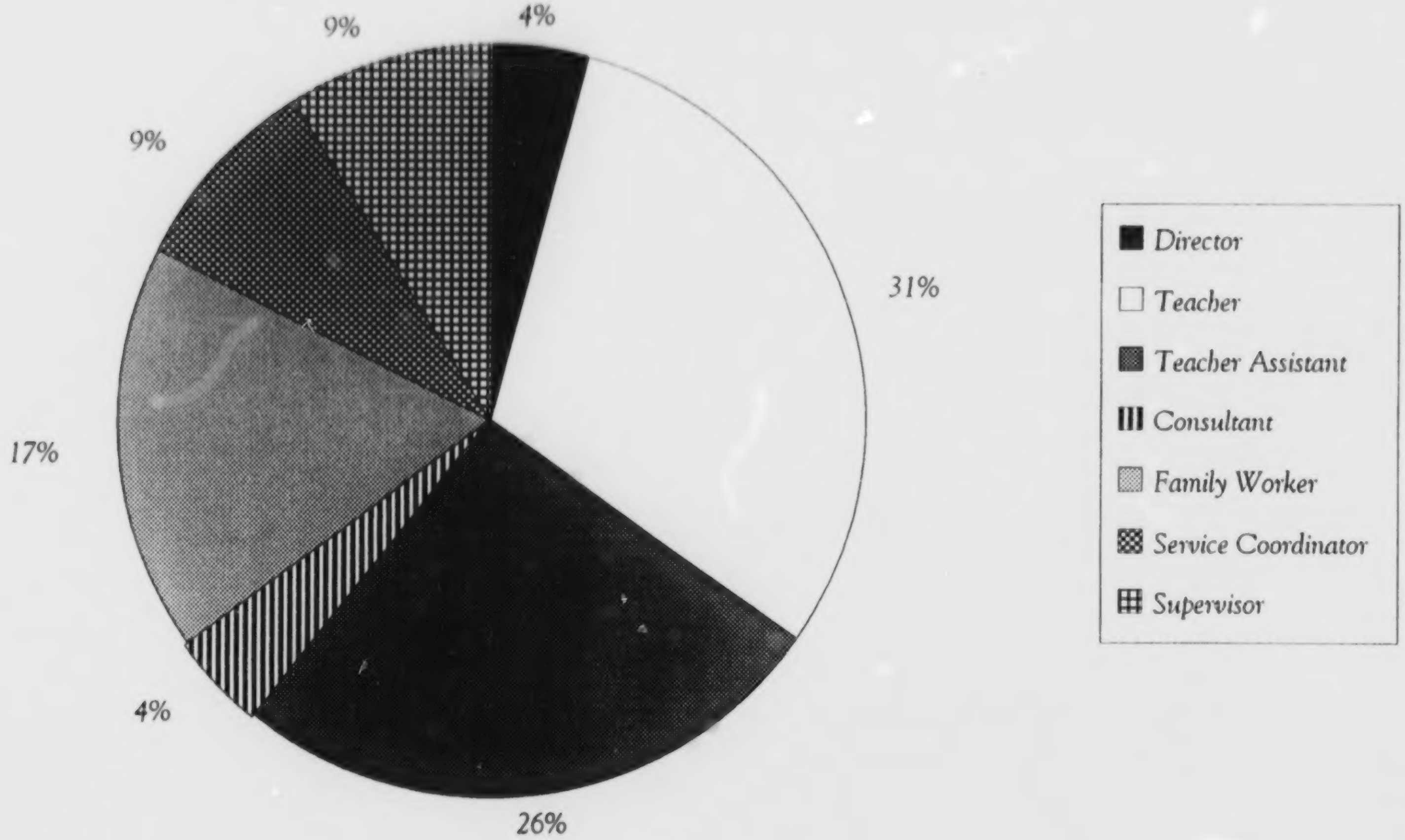
COMMUNITY INCLUSION PROJECT
UCONN HEALTH CENTER
DIVISION OF CHILD & FAMILY STUDIES

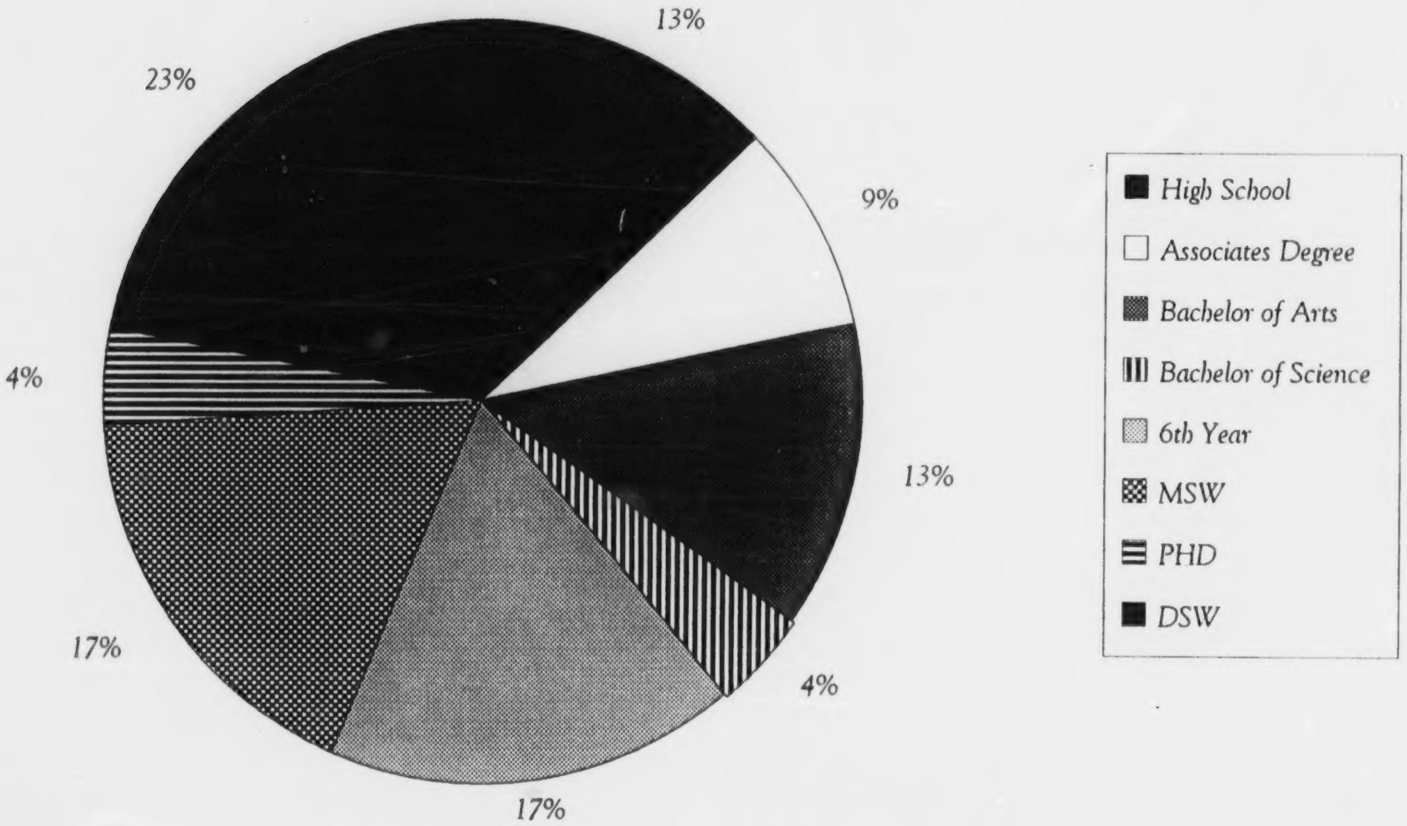
PRE-POST QUESTIONNAIRE SCORE SUMMARY

Agency Name and Location: Rochester Preschool Parent Program (cont'd)
Institute Number: 03 (cont'd) Date: 2/4/94

ID #	PARTICIPANT NAME	PRE-TEST	POST-TEST
38	Jacqueline Richardson	15%	85%
39	Eileen Hart	33%	91%
40	Cheryl Francisco	27%	94%
41	Carol Robinson	0%	58%
42	Jan Hill	54%	---
43	Marie Andia	18%	---
44	Lynn Shipe	27%	---
45	Julia Guttman	27%	---
46	Mary Temple	27%	79%
	MEAN SCORES	23.5%	84.5%

Discipline of Participants in Institute 03





Level of Education of Participants in Institute 03

Rochester Public Schools

Family Learning Center

Participant List

Name	**Position**
Randi Foreman	Special Education Teacher
Mary R. Condon	Speech Language Pathologist

Family Learning Centers

30 Hart Street ■ Rochester, New York 14605 ■ (716) 262-8000

EARLY CHILDHOOD PROGRAM

The Family Learning Center's Early Childhood Program began in December of 1990. Currently we provide care for 130 children ages 8 weeks through 6 years old, whose parents are enrolled in an educational program at the Family Learning Center. We began our program with the implementation of a Family Literacy Model. Parents enrolling their children in our preschool program join their child for interactive play in their classroom on a daily basis. They gain information from early childhood teachers about their child's learning experiences, as well as have the opportunity to participate in a Positive Parenting class offered to all parents the first semester of enrollment.

Our goal is to provide an educational experience for families that is intergenerational and practical. Teachers establish classroom routines that provide children with creative, hands-on experiences. Daily use of the playground provides exercise and play that is always fun and exciting! Field trips are planned throughout the year to enrich learning. We have a full day Kindergarten program for those children whose parents are in program on site. Children are provided breakfast and lunch, as well as a morning snack. Parents of infants and toddlers need only provide formula and diapers.

The Family Learning Center's Early Childhood Program embraces families with the belief that to support learning means to support life. We look forward to continuing to provide experiences in classrooms in which this will happen. More information can be obtained by contacting Sandy Champlin at 262-8000 (X3113). If she is unavailable, enrollment forms can be obtained and left at the front desk for follow through.

BEST COPY AVAILABLE

COMMUNITY INCLUSION PROJECT
UCONN HEALTH CENTER
DIVISION OF CHILD & FAMILY STUDIES

PRE-POST QUESTIONNAIRE SCORE SUMMARY

Agency Name and Location: Family Learning Center
(Rochester Public Schools)

Institute Number: .04

Date: 2/4/94

ID #	PARTICIPANT NAME	PRE-TEST	POST-TEST
47	Randi Forman	36%	97%
48	Mary Condon	---	---
	MEAN SCORES	36.0%	97.0%

Family Learning Center
(task outline)

Staff presently involved in the Family Learning Center inclusion classroom plan to design and begin to implement training for other program staff during the month of May. Our objective is to create a plan which will effectively prepare staff for the inclusion of 6 children with special needs assigned to three separate classrooms during the 1994-95 school year. Possible topics for training are: review of team processes (e.g. developing I.E.P.'s, planning lessons, etc.), creating a shared philosophy, disability awareness, and teaching children with various learning styles, abilities and needs.

Rochester Public Schools

Florence Brown Program

Participant List

Name	Position
Tomasa Molina	Para
Sherry S. Cope	Special Education Teacher
Evelyn Vazquez	Para
Kathy Eppeira	Speech/Language Pathologist

COMMUNITY INCLUSION PROJECT
UCONN HEALTH CENTER
DIVISION OF CHILD & FAMILY STUDIES

PRE-POST QUESTIONNAIRE SCORE SUMMARY

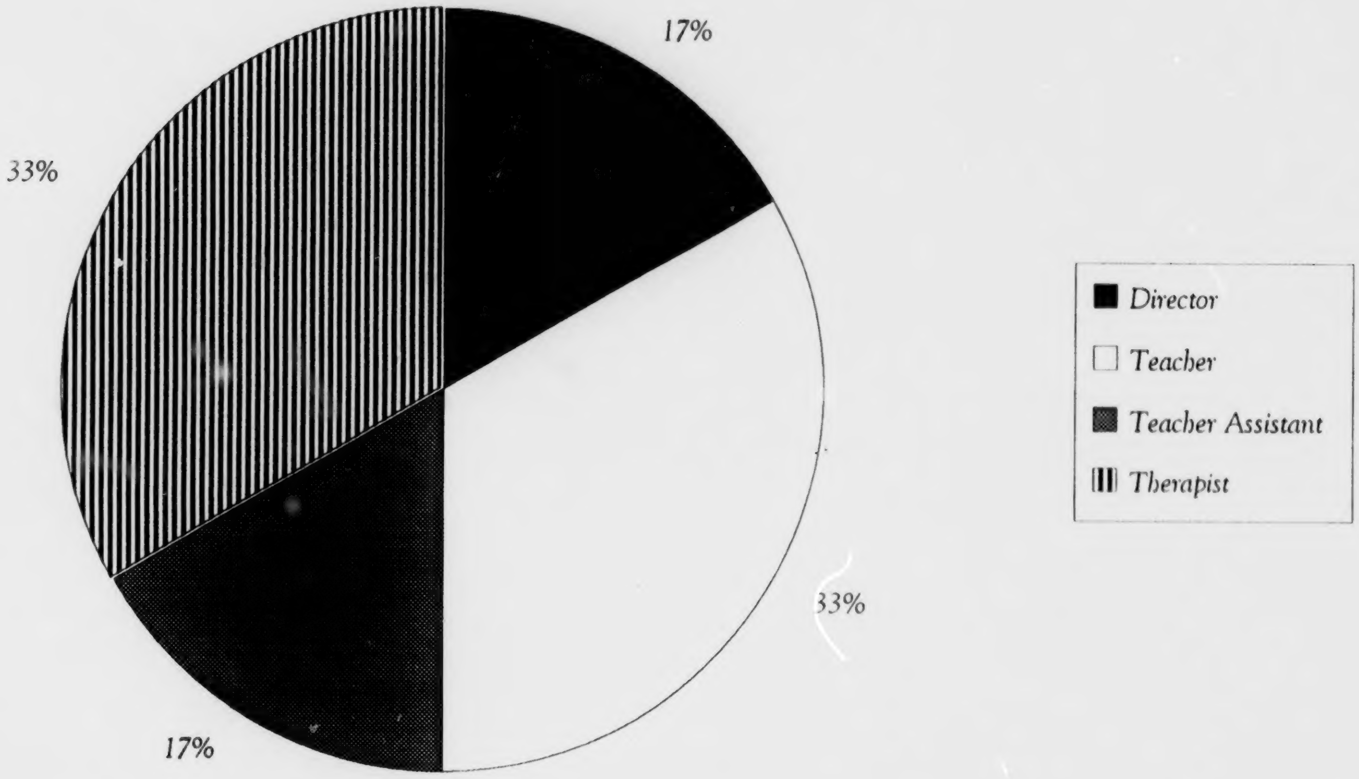
Agency Name and Location: Florence Brown Program
(Rochester Public Schools)

Institute Number: .05

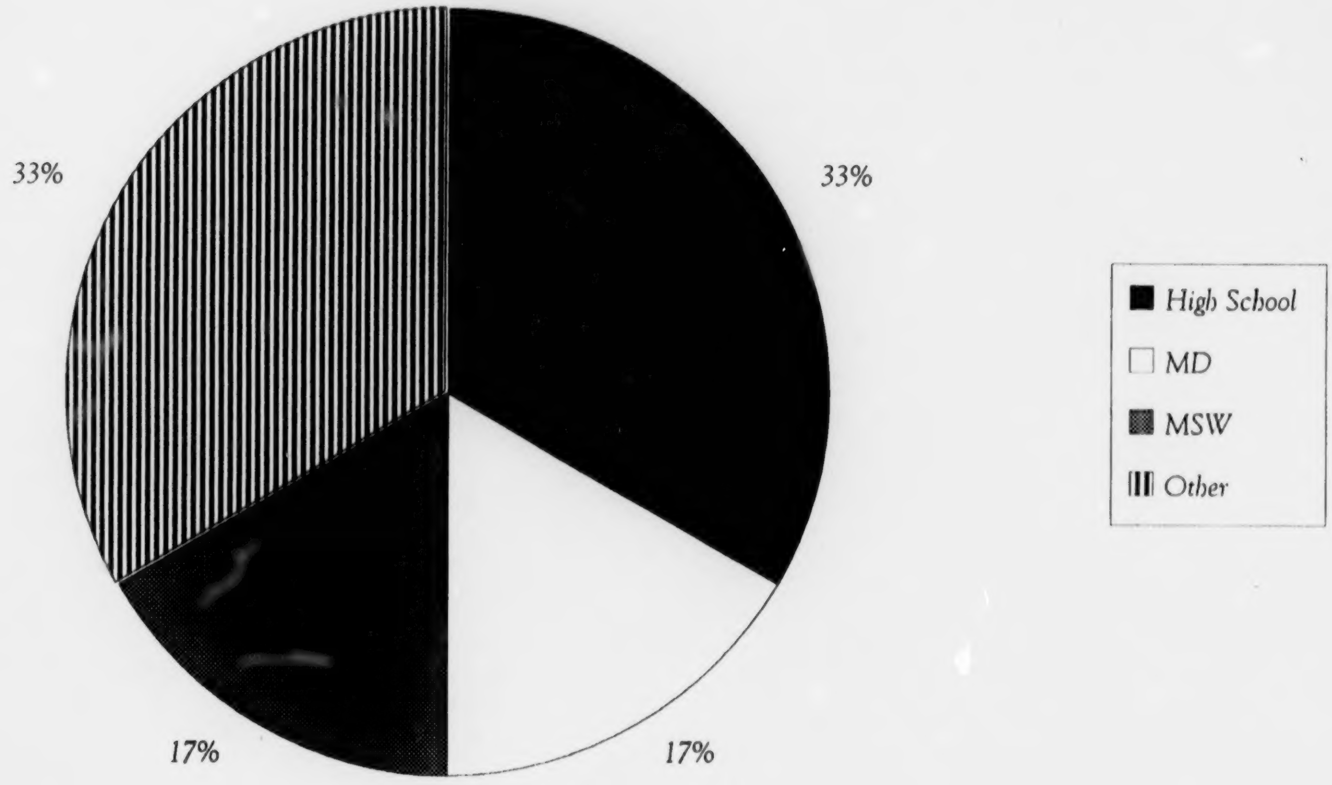
Date: 2/4/94

ID #	PARTICIPANT NAME	PRE-TEST	POST-TEST
49	Kathy Eppeira	---	94%
50	Sherry Cope	42%	91%
51	Tomasa Molina	---	
52	Evelyn Vazquez	---	
	MEAN SCORES	42.0%	92.5%

Discipline of Participants in Institute 05



Level of Education of Participants in Institute 05



Florence Brown Pre-K

Outline of Task

Our task is to evaluate the effectiveness of the current inclusion model and use this evaluation as the basis for making decisions for future models/program.

We will examine the following components:

- feedback from visitors to the program
- feedback from staff (written & verbal)
- feedback from parents
- staffing of children in classroom

School #17 - Montessori

Rochester Public Schools

Participant List

Name	Position
Mohua Basak	Montessori Directress
Kyle Golder	Speech/Language Pathologist
Mary Rose Bianco	Special Educator
Janice G. Plummer	Montessori Educator

Montessori Program
(Task Outline)

We are going to recreate an ecological assessment using the prepared environment and materials and projects according to the Montessori method. This includes practical life, sensorial, language, math, geography/science, socialization, gross motor (music) and normalization. This can be a model or tool to be used in the future in Montessori classrooms.

The issue of observation and documentation is an important aspect of assessment.

School #17--Task Outline

School staff designing model	**Hired team**
Philosophy	Definition of roles space needs time needs
# of classrooms	How staff divided
# of children within a classroom special ed regular ed	Materials needed Classroom set up
team members discipline numbers of a discipline how other related services delivered who's in charge	Classroom routines Responsibilities of a team member during a routine Inservice and other on our own expert areas
Money available to a staff team member for purchasing materials or lump sum to be divided by team/school committee	Establish regular team meeting to discuss kids program Establish procedures for dealing with discipline, transitions, disruptions, emergencies, cleaning, paperwork, food
Provide time for planning establish team soon enough for pre planning periodic time during school year for major planning needs inservice opportunities	Establish communication guidelines how to bring up concerns with each other best forum for team discussions when to involve outside help with conflict how to recognize other's successes
Written program description to give to hired staff prior to their first meeting	Establish parent component and responsibilities of team member for this Determine paperwork responsibilities attendance IEP annual review daily notes, anecdotal records

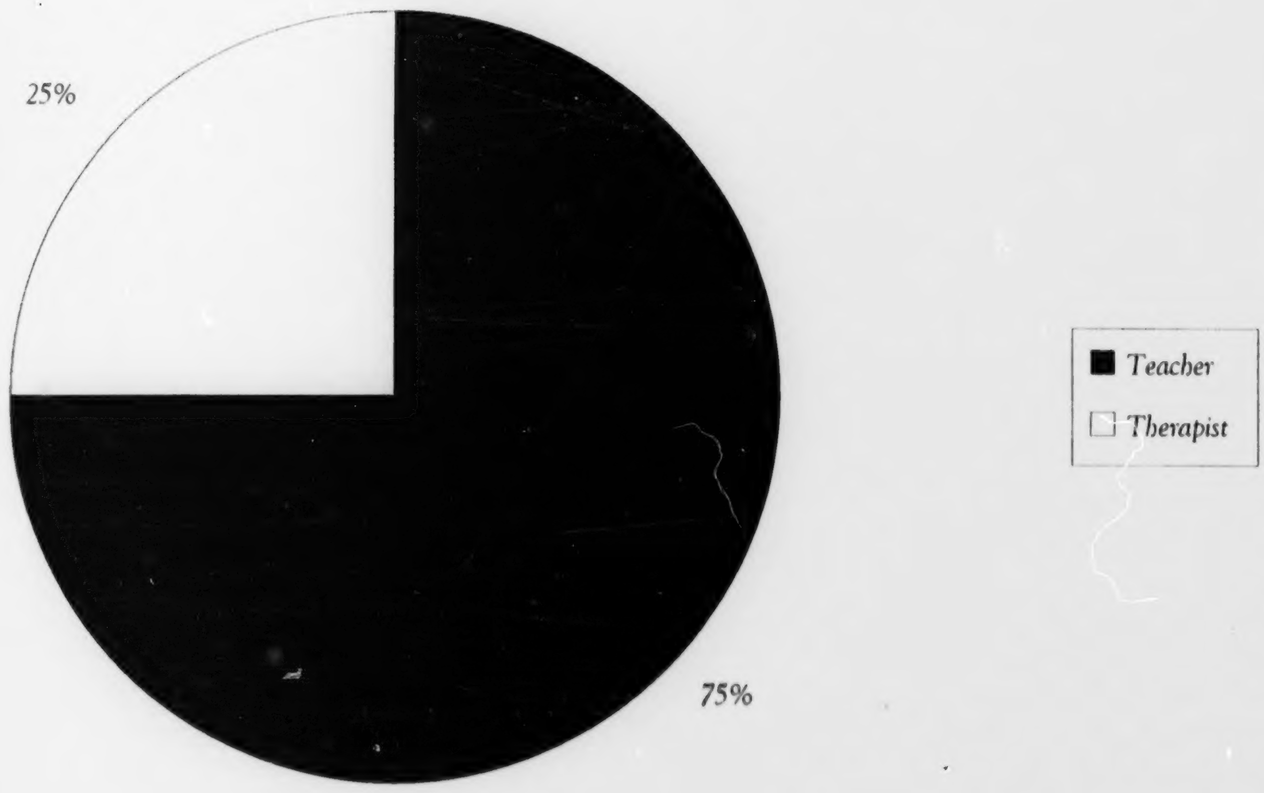
COMMUNITY INCLUSION PROJECT
UCONN HEALTH CENTER
DIVISION OF CHILD & FAMILY STUDIES

PRE-POST QUESTIONNAIRE SCORE SUMMARY

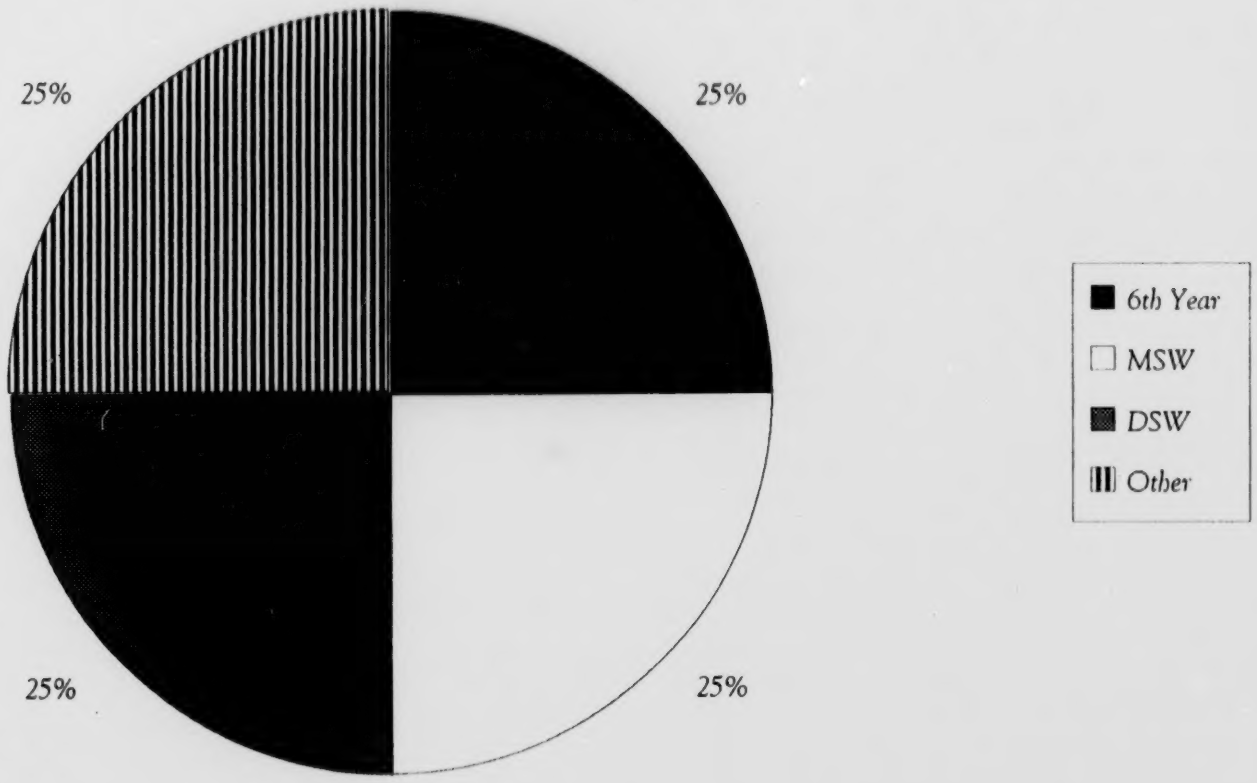
Agency Name and Location: School 17 & Montessori
Rochester Public Schools
Institute Number: .06 Date: 2/4/94

ID #	PARTICIPANT NAME	PRE-TEST	POST-TEST
53	Janice Plummer	33%	100%
54	Kyle Golder	30%	88%
55	Mohna Basak	30%	100%
57	Shirley Jung	---	
	MEAN SCORES	33.0%	94.7%

Discipline of Participants in Institute 06



Level of Education of Participants in Institute 06



WARC--CHILDREN'S SCHOOL FOR EARLY DEVELOPMENT

THE
CHILDREN'S
SCHOOL
FOR
EARLY DEVELOPMENT

Parents and Professionals
Nurturing Children's Individual Needs

Serving all of
Westchester County
Hawthorne - New Rochelle - Mt. Kisco

Frances B. Porcaro, M.A.
Director of Education
40 Saw Mill River Rd.
Hawthorne, N.Y. 10532
(914) 347-3227
FAX: (914) 347-4216

PROGRAM DESCRIPTION

The Children's School for Early Development is an innovative family-centered program designed to facilitate the physical, cognitive-linguistic, and psychosocial development of children with developmental delays aged birth to 5. The infant program is a home-based educational intervention program for infants birth through 2 with developmental disabilities and their families. The center-based programs for children 2 through 5 years of age are located at three sites and serve all of Westchester County. Classes consist of a maximum of 8 children, are conducted 5 days a week on full day or half day basis, and are staffed by a certified special education teacher, certified assistant teacher, and a teacher aide. Tuition and transportation are provided at no cost to parents.

Staff works closely with families in planning for their child's needs. The infant interdisciplinary team consists of a special education teacher, speech and language pathologist, physical therapist, social worker, and psychologist. The special education teacher and parents are the primary facilitators of the program. The interdisciplinary team in the preschool program includes a special education teacher, psychologist, social worker, physical therapist, occupational therapist, speech and language pathologist, all of whom are certified in their respective fields.

Our program goal is to enhance children's motivation and development by focusing on the quality of their interactions with significant adults and by developing program structure, routines, and activities that are matched to their interests and developmental level.

The program is based on sound principles of child development and early childhood education. As a child-centered program it is the children, and their development and individual needs that provide the basis for planning the daily program, for scheduling, and for the content of the curriculum.

The program adheres to the philosophy that the best approach for young children and their families is one that provides for successful experiences for the children, their families, and the staff.

For more information, please call (914) 347-3227
Frances B. Porcaro
Director of Education

prodes/241

Westchester Chapter of the New York State Association for Retarded Children

List of Participants

Agency Name and Address: WARC, Hawthorne, N.Y.
Date of Training: March 1, 1994
Training ID #: 07

Name/Title/Agency	Address	Telephone
Ann Marie Solorsula, M.A.	CSED (ARC) 40 Saw Mill River Road Hawthorne, N.Y. 10566	(914) 347-3227
Pamela Saville, CSW Social Worker, CSED	40 Saw Mill River Road Hawthorne, N.Y. 10566	(914) 347-3227
Irene Weisfuse, M.S. Special Education Teacher	12 Green Street Mt. Kisco	(914) 666- 8017
Marci Roth, CSED	40 Saw Mill River Road Hawthorne	(914) 347-3227
Fran Porcaro, CSED	40 Saw Mill River Road Hawthorne	(914) 347-3227
Marie D. Nardi, CSED	40 Saw Mill River Road Hawthorne	(914) 347-3227
Marina Yoegel, CSED	40 Saw Mill River Road Hawthorne	(914) 347-3227
Pat MacDonnell, CSED	40 Saw Mill River Road Hawthorne	(914) 347-3227
Katherine Higgins, CSE	40 Saw Mill River Road Hawthorne	(914) 347-3227
Nancy Vitabare-Recarem CSED	40 Saw Mill River Road Hawthorne	(914) 347-3227

COMMUNITY INCLUSION PROJECT
UCONN HEALTH CENTER
DIVISION OF CHILD & FAMILY STUDIES

PRE-POST QUESTIONNAIRE SCORE SUMMARY

Agency Name and Location: WARC, Hawthorne, NY
Institute Number: .07 Date: 3/1/94

ID #	PARTICIPANT NAME	PRE-TEST	POST-TEST
58		63%	77%
59		88%	94%
60		88%	88%
61		77%	---
62		83%	100%
63		63%	---
64		64%	74%
65		72%	---
66		91%	94%
67		75%	82%
MEAN		62.4%	87.0%

ALCOTT SCHOOL

PARTICIPANT LIST - Alcott Professionals

Agency Name and Address: Alcott School, Crane Road, Scarsdale, N.Y.
Date of Training: March 18, 1994
Training ID#: 08

Barbara Riccio, teacher	Alcott, Scarsdale
Susan Rappaport, teacher	Scarsdale, Ardsley
Lisa Adamo, teacher	Alcott, Ardsley
Maryann Koutsis, site director	Alcott, New Rochelle
Laura Hall, social worker	Alcott, Scarsdale, SEIT
Laurie Frees, site director/teacher	Alcott, Ardsley
Diane Costa, teacher	Alcott, Ardsley
Eva Grande, teacher	Alcott, Ardsley
Avinash Sawhney, teacher	Alcott
Janice Shalatsky, teacher	Alcott, Scarsdale
Kate Lynch Grossinger, teacher	Alcott, Scarsdale
Beth Farkas, assistant director	Alcott, Scarsdale
Leesa Hernandez, teacher	Alcott, New Rochelle
Gail Gaiser, speech therapist	Alcott, New Rochelle
Carol Samph, teacher	Alcott, New Rochelle

ALCOTT
MONTESSORI SCHOOL

Accredited by the
National Academy
of Early Childhood
Programs

MAIN OFFICE
Crane Road at Woodlands Place
Scarsdale, New York 10583
914-472-4404

SECOND LOCATION
Ashford Avenue
Ardsley, New York 10502
914-693-4443

Dear Consultants, SEIT Personnel, Related Services Providers

It is our belief and philosophy that any child receiving consultant or itinerant services is in fact being treated by a team of professionals. This team consists of teachers, classroom assistants, specialists and administrators. If you have a question or recommendation (e.g. child needs further evaluation/increase or decrease in services, etc.) please follow this procedure:

1. Inform teacher of your recommendation/question/suggestion
2. Teacher will inform administrator who will arrange a meeting of pertinent team members. Schedules of service providers will be taken into consideration when scheduling this meeting.
3. At team meeting, recommendation/question/suggestion will be discussed and a plan will be made to address the situation.
4. Parents will be informed, asked for input by pertinent team members (usually administrator, specialist and/or teacher)
5. Plan will be carried out.

This follows our usual procedures for making recommendations to parents at Alcott School. Recommendations are always made in a planned and multidisciplinary fashion. We consider you part of the Alcott team for any child you serve, and welcome you to make use of our expertise as we make use of yours.

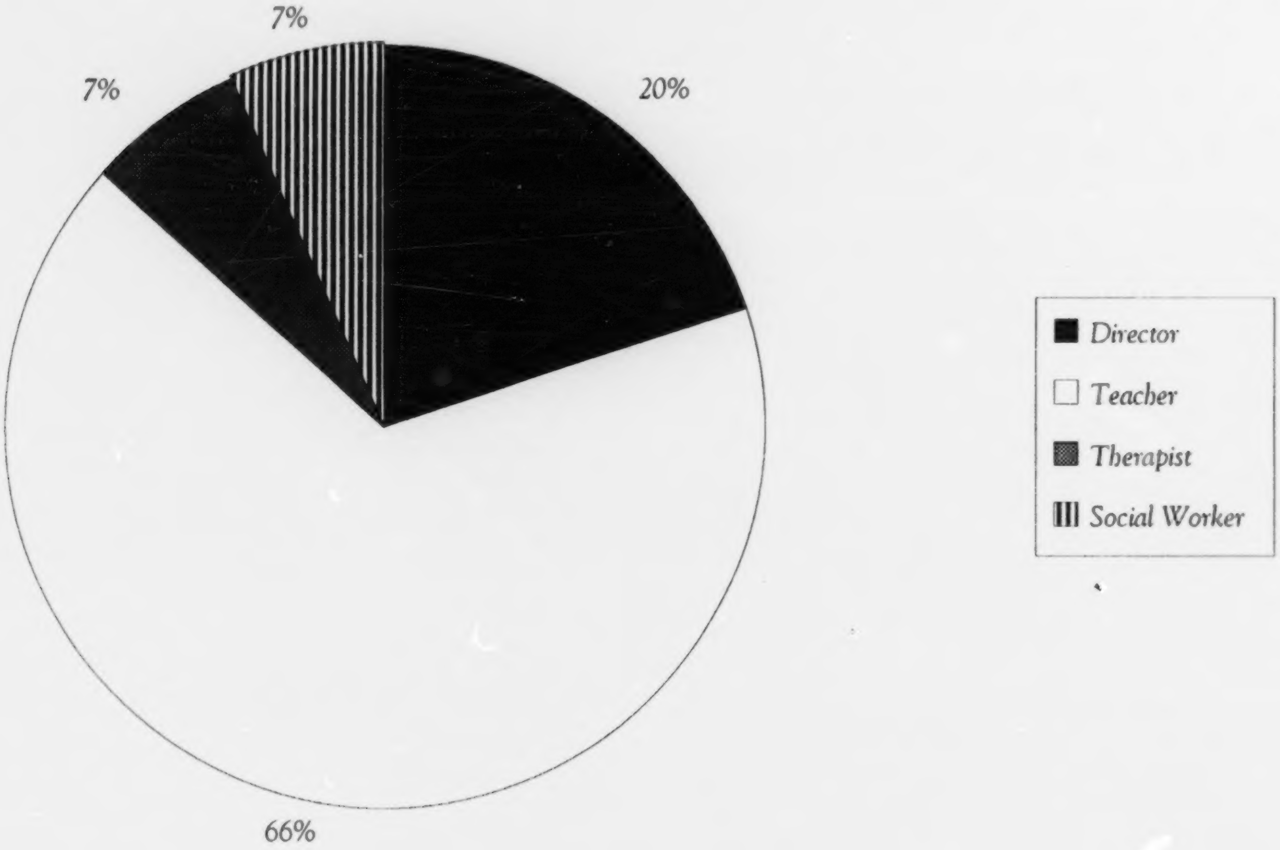
COMMUNITY INCLUSION PROJECT
UCONN HEALTH CENTER
DIVISION OF CHILD & FAMILY STUDIES

PRE-POST QUESTIONNAIRE SCORE SUMMARY

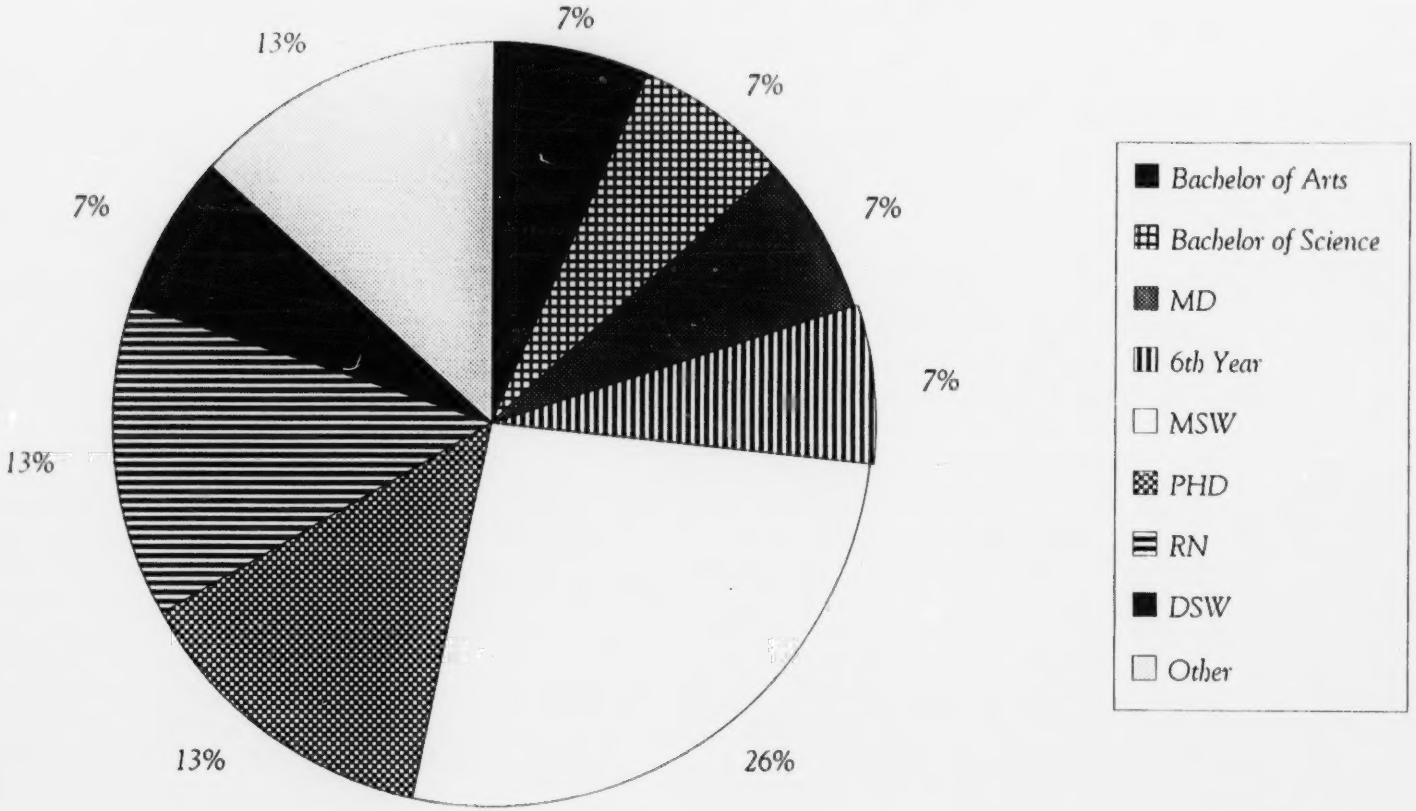
Agency Name and Location: Alcott School
Institute Number: .08 Date: 3/18/94-6/1/94

ID #	PARTICIPANT NAME	PRE-TEST	POST-TEST
67	Lisa Adamo	36%	82%
68	Diane Costa	36%	97%
69	Beth Farkas	22%	94%
70	Laurel Frees	33%	97%
71	Gail Gaiser	47%	--
72	Eva Grande	19%	82%
73	Laura Hall	25%	82%
74	Leesa Hernandez	38%	100%
75	Maryann Koutsis	44%	91%
76	Kate Lynch Grossinger	38%	88%
77	Susan Rappaport	41%	73%
78	Barbara Riccio	61%	88%
79	Carol Sample	27%	58%
80	Arinash Sawhney	13%	64%
81	Janice Shalatsky	47%	61%
	MEAN SCORES	33.0%	82.6%

Discipline of Participants in Institute 08



Level of Education of Participants in Institute 08



TASK DESCRIPTIONS

Alcott # 1 (Training # .08)

Participant Names	Description of Task	Timeline (Estimated Completion Date)
Mary Ann Koutsis Beth Farkes Sue Rappaport	Write inclusion philosophy; integrate current program brochures into an "Allcott School" brochure.	6/20/94
Laura Hall Jennifer Maucieri	To do an ecological evaluation of a Little Class Student.	6/20/94
Kate Lynch Lanice Shalatsky Avinash Sawhney Carol Sample	To prepare a cirriculum (using the theme Fall) which will accommodate special needs children. Our model focuses on language and fine motor special needs and outlines activities in specific subject areas and how each can be adapted. Our project includes an evaluation during the year for effectiveness/necessary modifications.	6/20/94
Lisa Adamo Diane Costa Eva Grande Laurie Frees	Using the five experiences of Practical Life, we will define adaptations, if needed, for selected activities/materials for children with special needs. These excercises include: 1. Grace and Courtesy 2. Initial Presentations 3. Preliminary Environmental Exercise 4. Care of Person to Develop Independence 5. Care of Environment Ultimately, the goal of the team is to define an anti-bias curriculum in all Montessori areas that incorporates adaptations/supports for any children with special needs.	6/20/94

PARTICIPANT LIST - Alcott Paraprofessionals

Agency Name and Address: Alcott School, Crane Road, Scarsdale, N.Y.
Date of Training: March 18, 1994
Training ID#: 09

Laura O'Neill	Scarsdale
Chandea Ahuja	Scarsdale
Christine Iturriaga	Scarsdale
Karen H. Meyers	Scarsdale
Michele Licovitch	Scarsdale
Elizabeth Matte	Scarsdale
Kathleen Labick	Scarsdale
Patricia O'Neill	Scarsdale
Barbara Berge	Ardsley
Mary Ann Fava	Ardsley
Pat Schellati	Ardsley
Elaine Wesner	Ardsley/Scarsdale
Donna Gosik	Ardsley
Nancy Sedlak	Scarsdale
Pam Raniolo	Scarsdale

COMMUNITY INCLUSION PROJECT
UCONN HEALTH CENTER
DIVISION OF CHILD AND FAMILY STUDIES

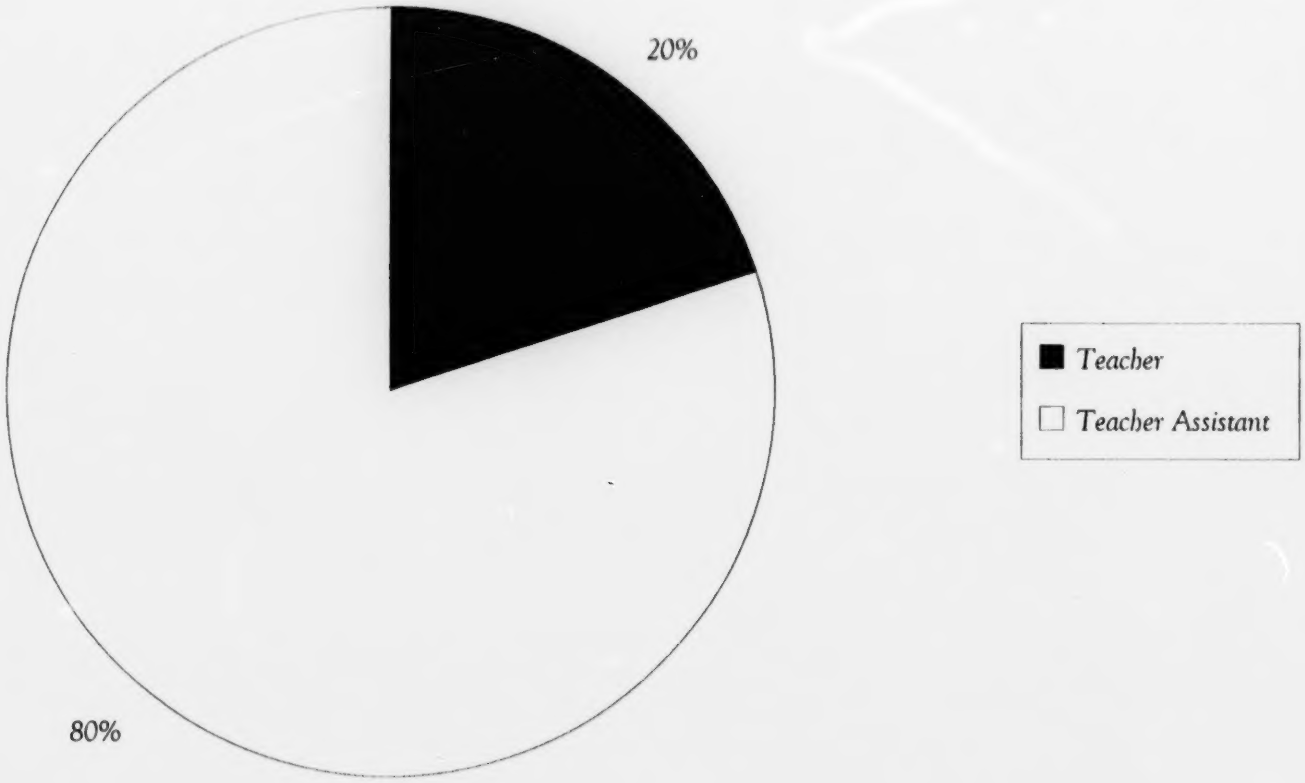
PRE-POST QUESTIONNAIRE SCORE SUMMARY

Agency Name and Location: Alcott School

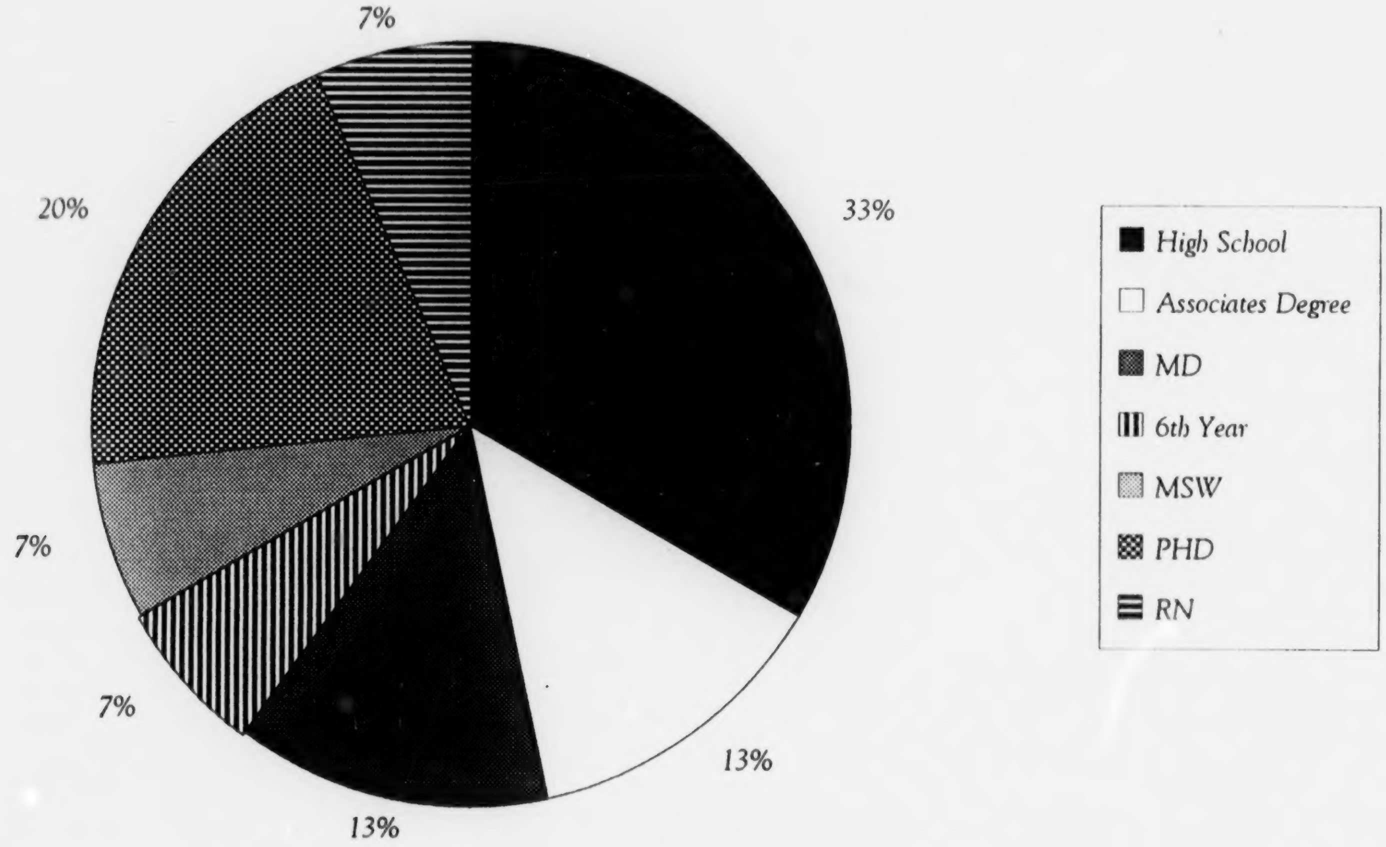
Institute Number: 09 Date: 3/18-6/1/94

ID#	PARTICIPANT NAME	PRE-TEST	POST-TEST
82	Chandler Ahuja	11%	89%
83	Barbara Berge	25%	93%
84	Mary Ann Fava	41%	96%
85	Donna Gosik	19%	79%
86	Christine Iturriaga	30%	--
87	Kathleen Labick	22%	--
88	Michele Licovitch	27%	96%
89	Elizabeth Matte	41%	100%
90	Karen Meyers	47%	100%
91	Laura O'Neill	27%	--
92	Patricia O'Neill	27%	--
93	Pam Raniolo	22%	79%
94	Pat Schellati	25%	75%
95	Nancy Sedlak	11%	96%
96	Elaine Wesner	47%	100%
	MEAN SCORES	27%	91.18%

Discipline of Participants in Institute 09



Level of Education of Participants in Institute 09



TASK DESCRIPTIONS

Pam Raniolo
Chander Ahuja
Karen H. Meyers

Alcott 2
Training #.09

We're going to work on a family newsletter. It will involve transitioning ideas (end of year to summer and summer to September). Also, we will make suggestions for summer activities, perhaps basing it on classroom structure.

Will submit by early July 1994.

Donna G.
Pat S.
Mary Ann
Elaine W.
Barbara B.

Alcott 2
Training #.09

Assessment and adaptation of classroom layout and equipment.

We will look at room and work space and accessibility of materials to the children's work centers.

Routines.

Will submit by early July 1994.

Liz Matte
Kathy Labick
Nancy Sedlak
Michele Licovitch

Alcott 2
Training #.09

ECERS - We are going to compare little class and Montessori and see the differences in the way the classrooms are set up.

Will submit by early July 1994.

ACLD--KRAMER LEARNING CENTER

List of Participants

Agency Name and Address: ACLD-Kramer Learning Center, Bayshore, N.Y.
Date of Training: 4-20-94 -- 6-1-94
Training ID #: .10 (Institute)

Name/Title/Agency	Address	Telephone
Pat Mancini	24 Malts Avenue, W.I.	587-7713
Donna Reisinger	29 Twin Oaks Drive Kings Park, New York 11754	269-6739
Ceil Irvin, KLC	162 Belmont Avenue West Babylon	669-5889
Judy Forgione, C.S.W., ACLD/EIP	17 Green Court Manorville, N.Y. 11949	878-6412
Suzanne Barje	1055 Callahan Street Bayshore, N.Y. 11706	242-7204
Anne Dalton, ACSW	225 Schoenfeld Boulevard Patchogue, N.Y. 11772	654-7902
Tina Risso, ACLD	39 Park Avenue Shirley, N.Y. 11967	281-7291
Connie Linehan, KLC	9 Mackay Drive Hauppauge, N.Y. 11787	582-1043
Eileen Marquardt, ITC	117 Central Avenue North Babylon, N.Y. 11706	586-2639
Linda St. Pierre, KLC	2425 Wallen Lane North Bellmore, N.Y. 11710	679-2871
Charlote Farinella, KLC	15 Nicoll Avenue C.I., N.Y. 11722	

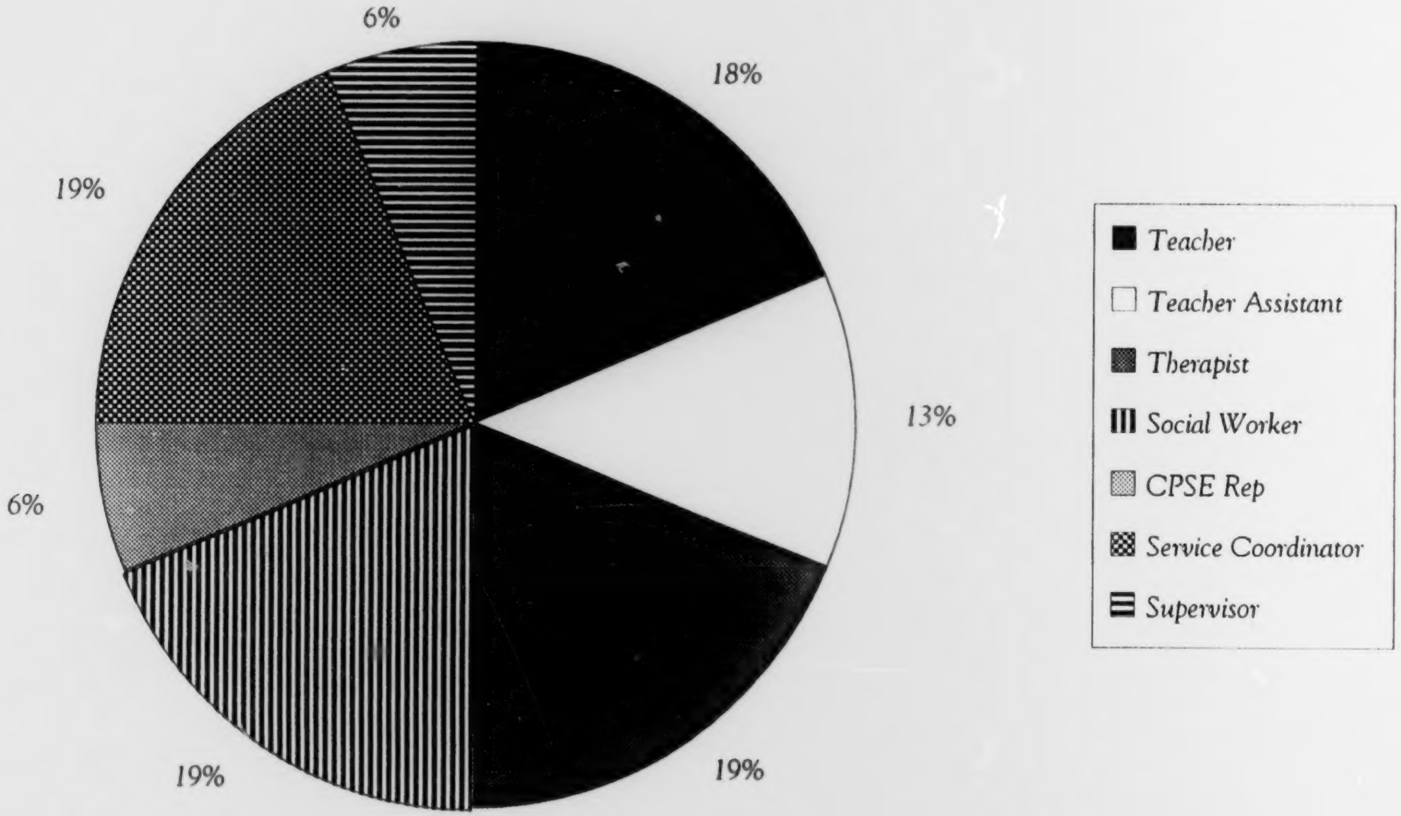
Name/Title/Agency	Address	Telephone
Sharon Palmer, CSW	12 Hyacinth Lane Commuck, N.Y. 11725	543-2072
Laura Woods, M.S.	3 Morgan Lane Bayport, N.Y. 11705	472-9715
Pat Fenchak	121 E. 5th Street Deer Park, N.Y. 11729	586-9153
Jay Rose	5 Caravan Drive East Northport, N.Y. 11731	368-7986
Robin Rubin	660 Hyman Drive Bayside, N.Y. 11706	422-9831

COMMUNITY INCLUSION PROJECT
UCONN HEALTH CENTER
DIVISION OF CHILD & FAMILY STUDIES

PRE-POST QUESTIONNAIRE SCORE SUMMARY

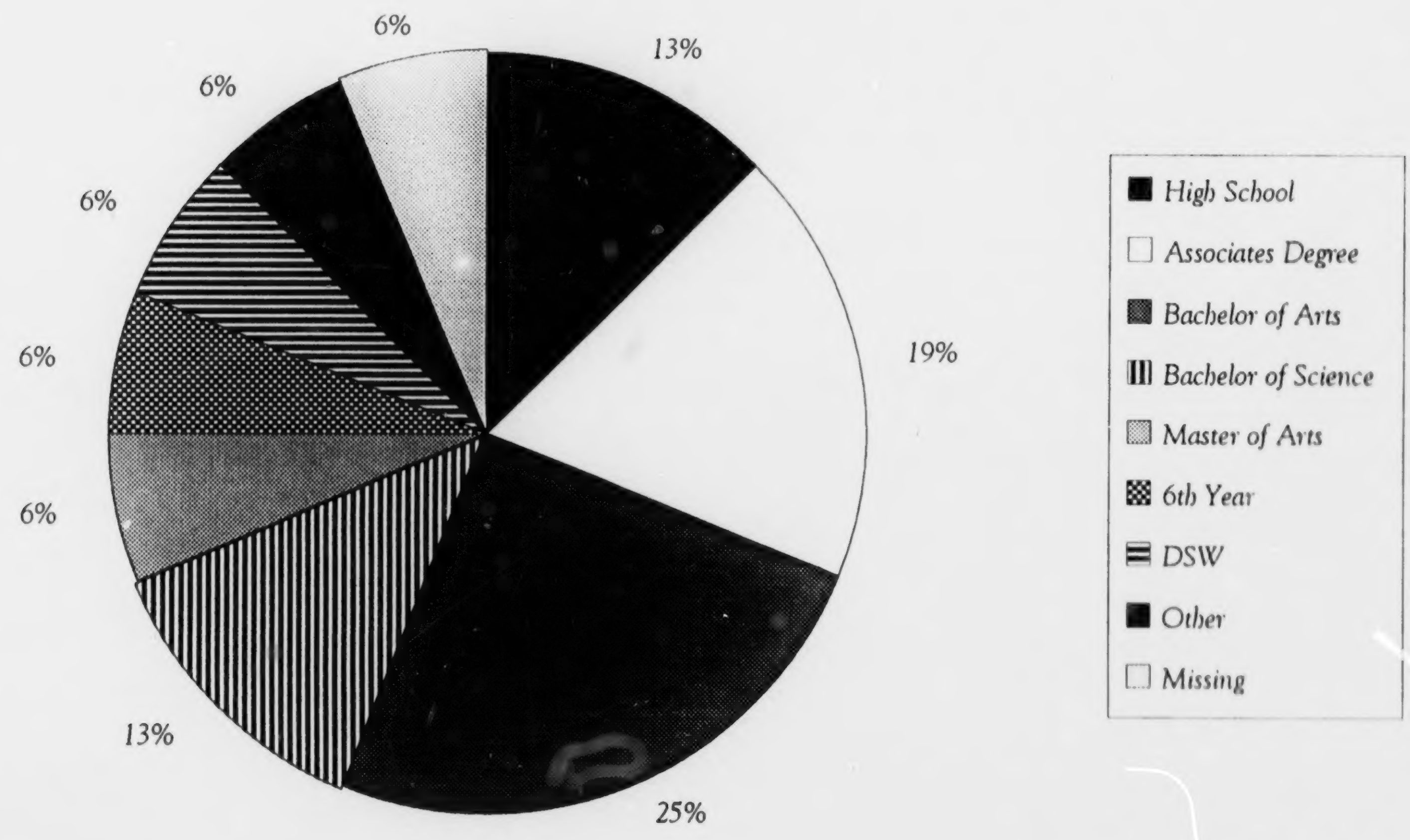
Agency Name and Location: ACLD Kramer Learing Center, Bayshore, NY
Institute Number: .10 Date: 4/20/94

ID#	PARTICIPANT NAME	PRE-TEST	POST-TEST
97	Pat Mancini	33%	
98	Ceil Irvin	45%	
99	Judy Forgione	63%	
100	Anne Dalton	45%	
101	Donna Reisinger	48%	
102	Suzanne Barje	57%	
103	Charlotte Farinella	60%	
104	Sharon Palmer	54%	
105	Laura Woods	51%	
106	Patricia Fenchak	30%	
107	Robin Rubin	60%	
108	Jay Rose	54%	
109	Connie Linehan	57%	
110	Linda St. Pierre	66%	
111	Eileen Marquardt	66%	
112	Tina Risso	42%	
	MEAN SCORES	52%	



Discipline of Participants in Institute 10

Level of Education of Participants in Institute 10



COMMUNITY INCLUSION PROJECT
UCONN HEALTH CENTER
DIVISION OF CHILD & FAMILY STUDIES

PRE-POST QUESTIONNAIRE SCORE SUMMARY

Agency Name and Location: ACLD - Bayshore, NY
Institute Number: .10 Date: 4/20/94

ID #	PARTICIPANT NAME	PRE-TEST	POST-TEST
97	Pat Mancini	33%	---
98	Ceil Irvin	45%	82%
99	Judy Forgione	63%	97%
100	Anne Dalton	45%	79%
101	Donna Reisinger	48%	100%
102	Suzanne Barje	57%	91%
103	Charlotte Earinella	60%	---
104	Sharon Palmer	54%	97%
105	Laura Woods	51%	76%
106	Patricia Fenchak	30%	83%
107	Robin Rubin	60%	---
108	Jay Rose	54%	97%
109	Connie Linehan	57%	94%
110	Linda St. Pierre	66%	91%
111	Eileen Marquardt	66%	90%
112	Tina Risso	42%	---
	MEAN SCORES	51.9%	89.7

ACLD
Task Outline

The Naturalization and Inclusion in Children's Environments Committee will complete a mission statement for the committee. This will include an overview of the agency's philosophy and five year plan for inclusion. In particular, the mission statement will outline the committee's role in educating for training the staff members and parents and supporting the overall notion of inclusion at the Kramer Learning Center. Task will be completed by July 1, 1991.

Members:

Anne Dalton
Sharon Palmer
Linda St. Pierre
Eileen Marquardt
Robin Rubin
Pat Fenchak
Judy Forgione
Charlotte Farinella
Lou Ann Hensinger

ACLD
Task Outline

Development of Staff Training for preparation and implementation of inclusionary model. An outline of a staff development plan will be presented, focusing on an agency commitment toward a full inclusionary model within 3-5 years. Task to be completed by July 1, 1994.

Connie Linehan
Pat Mancini
Suzanne Gaeta-Barje
Donna Reisinger
Ceil Irvin

Union Child Day Care

Community Inclusion Project

Institute #16 - Union Child Day Care
White Plains, NY

List of Participants

Gail Suleiman

Alberta Corry

Bronwyn Baird

Lisa Oliveira

Susie Blanshaw

June Castleberry

Barbara Corradi

Fay Bartley

Olivia Howcott

Judith Harley

Selina Sailsman

Irma Greene

CERTIFICATES OF COMPLETION
Inst. #.16 Union Day Care, White Plains, NY

Gail Suleiman

Alberta Corry

Bronwyn Baird

Lisa Oliveira

Susie Blanshaw

June Castleberry

Barbara Locitzer

Mary Ellen Herzog

Barbara Corradi

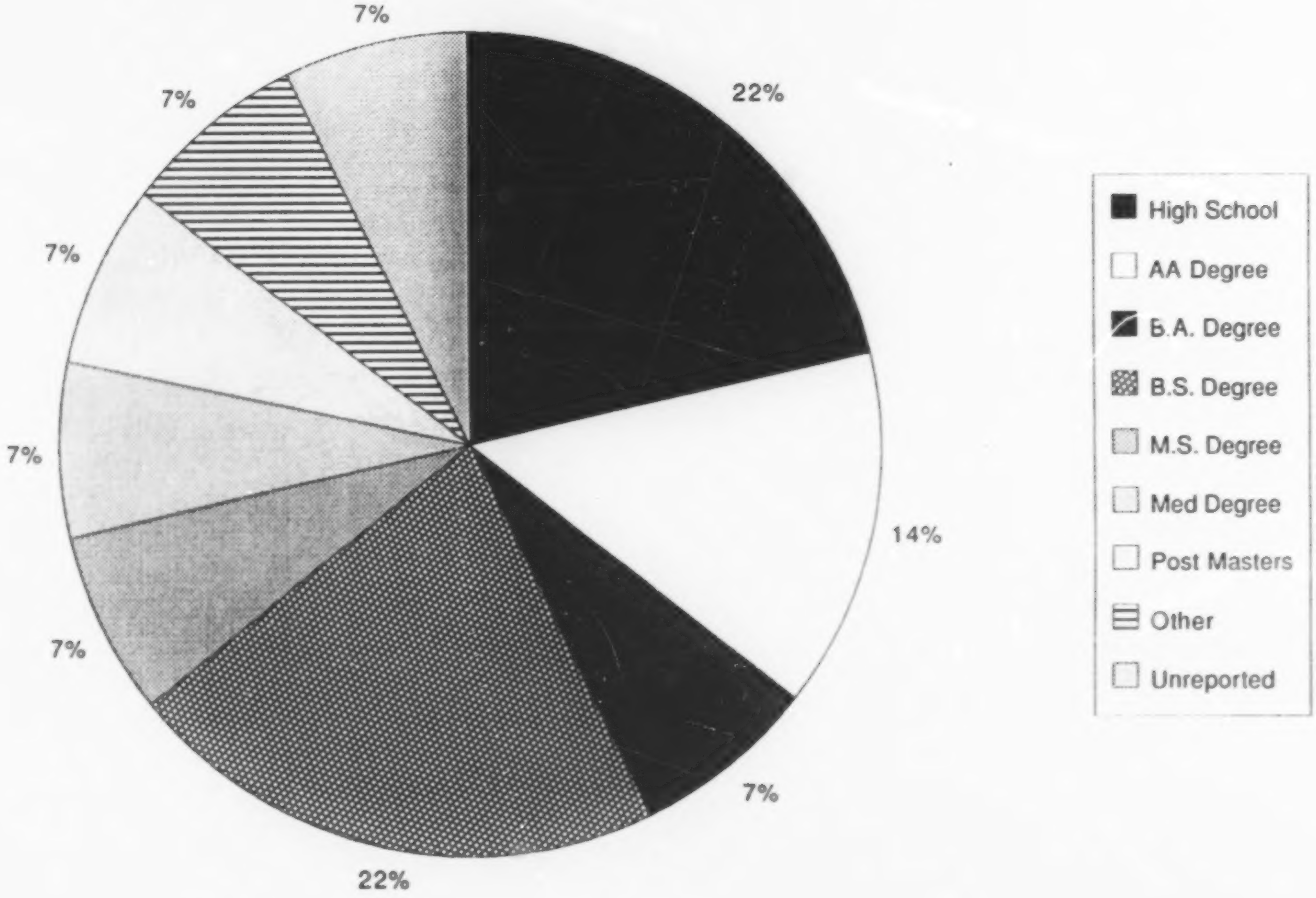
Fay Bartley

Olivia Howcott

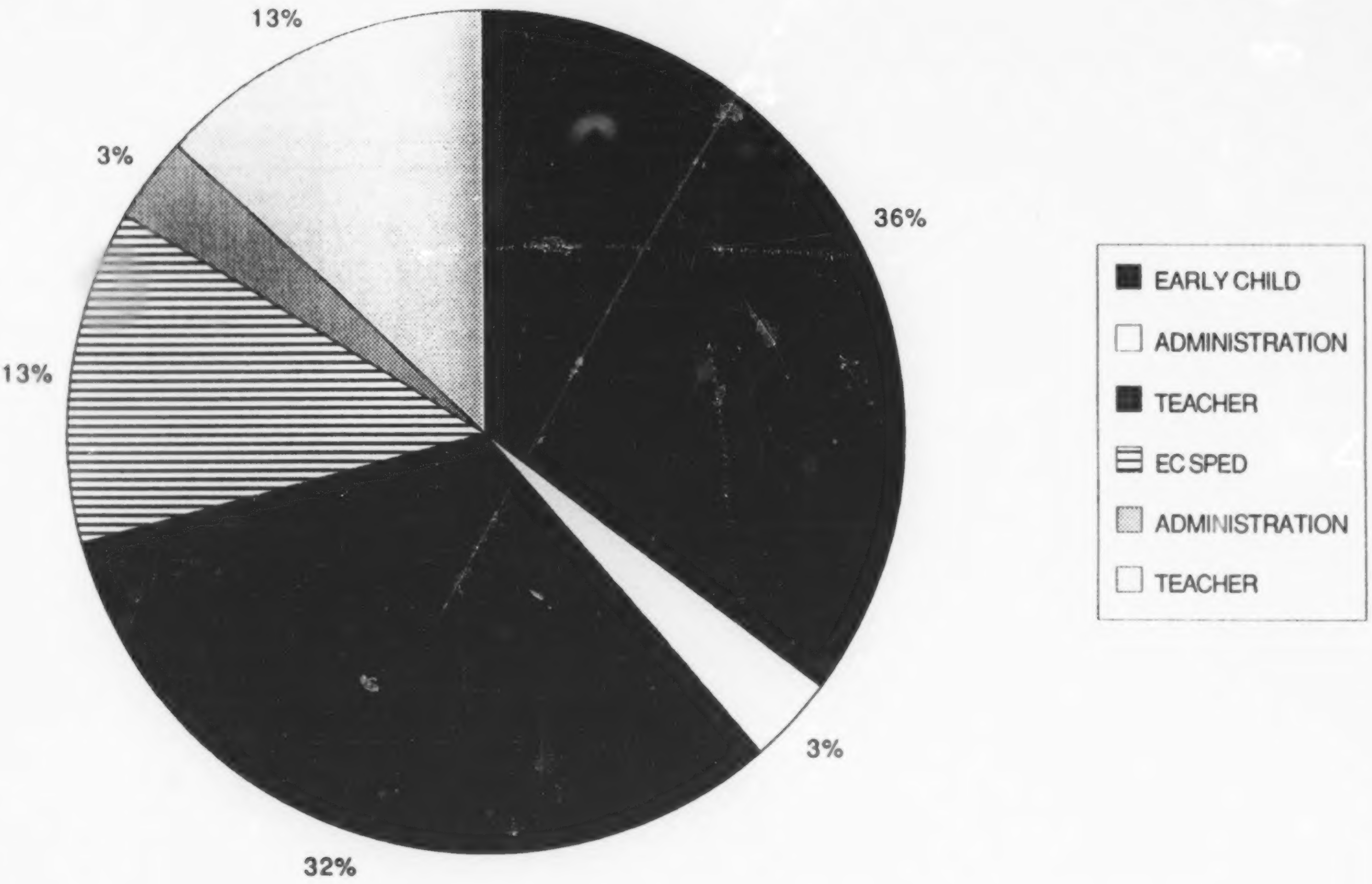
Judith Harley

Selina Sailsman

Irma Greene



Highest level of education for Institute #.16.



832

833

Areas of certification for Institute #.16.

Mean years by agency for Institute #.16.

Length of work with 0-3	Length of work with 3-5
11.25	8.00

Consumer Satisfaction across Institute #.16.

ITEM #	ITEM	MEAN SCORE
C1	OBJECTIVES MET	5.00
C2	TOPICS ADDRESSED	5.00
C3	MATERIALS RELEVANT	4.93
C4	ILLUSTRATIONS USED	4.80
C5	TIME WELL ORGANIZED	5.00
C6	INFO RELEVANT	4.93
C7	BETTER UNDERSTANDING	5.00
P1	PRESENTER WELL PREPARED	5.00
P2	PRESENTER KNOWLEDGABLE	5.00
P3	USED ACTIVITIES	5.00
P4	EASY TO LISTEN TO	5.00
P5	VALUED INPUT	5.00
L1	ENVIRONMENT COMFORTABLE	4.80
L2	GOOD BREAK TIME	5.00
L3	GOOD GROUP SIZE	5.00
L4	GOOD LOCATION	5.00

COMMUNITY INCLUSION PROJECT
UCONN HEALTH CENTER
DIVISION OF CHILD & FAMILY STUDIES

PRE-POST QUESTIONNAIRE SCORE SUMMARY

Agency Name and Location: Union Child Day Care, White Plains, NY
Institute Number: 16 Date: 11/2/94

ID #	PARTICIPANT NAME	PRE-TEST	POST-TEST
153	Alberta Corry	0%	89%
154	Mary Ellen Herzog	33%	96%
155	Selena Sailsman	8%	89%
156	Judith Harley	8%	96%
157	Susie Blanshaw	2%	79%
158	Fay Barley	0%	89%
159	June Castleberry	2%	84%
160	Bonnie Baird	0%	89%
161	Lisa Oliveira	2%	84%
162	Barbara Locitzer	50%	100%
163	Barbara Corradi	72%	96%
164	Irma Greene	24%	88%
165	Gail Suleiman	78%	96%
	Mean Scores	21.4	90.3

COMBINED INSTITUTE DATA - YEAR 1

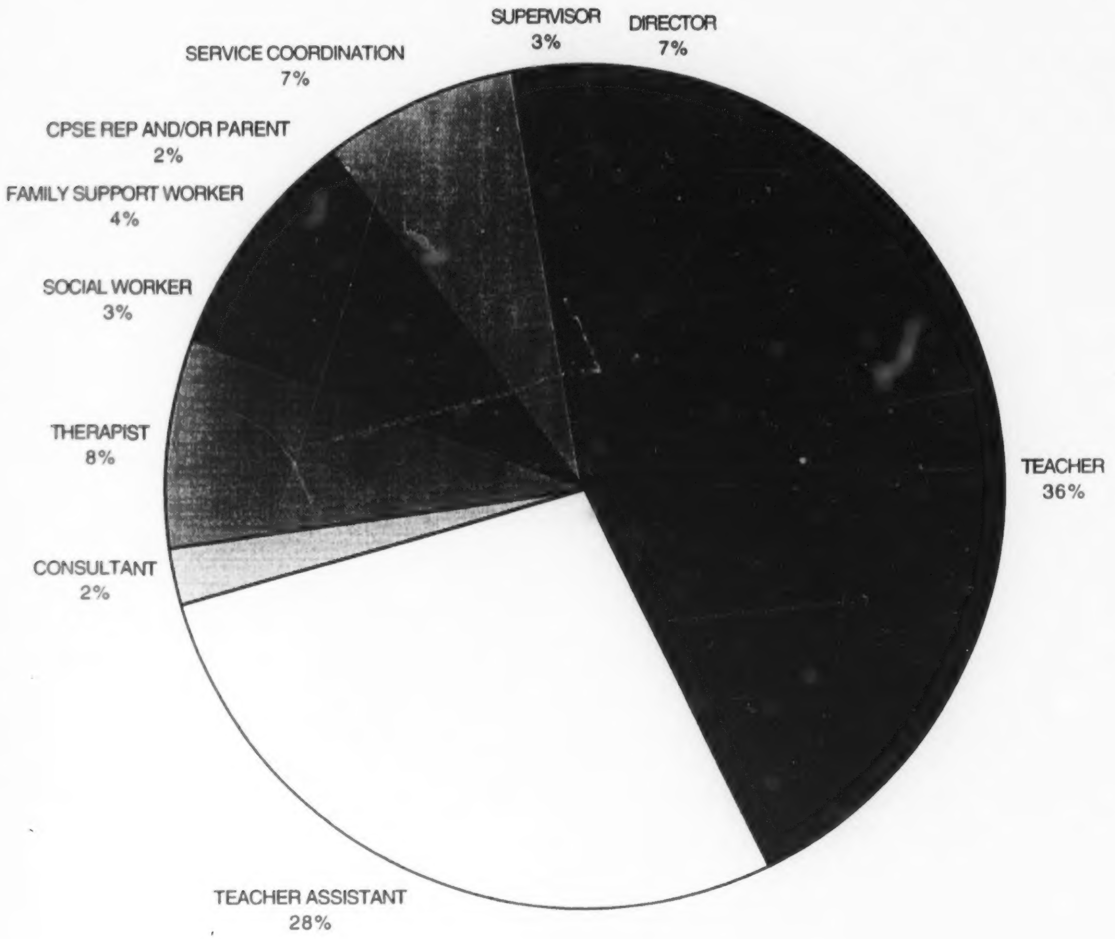


Figure 3: Discipline of Participants for First Year Institutes (N=136)

CONSUMER SATISFACTION SUMMARY
FIRST YEAR INSTITUTE

	Agreement with statement (1=strongly disagree; 3=normal; 5=strongly agree)		
Statement	Mean	Standard Deviation	n
Objectives of the training were met.	4.28	.88	93
All topics on the agenda were addressed.	4.27	.77	93
The materials (e.g., readings, overheads) were relevant to the training content.	4.66	.56	96
Adequate illustrations and examples were used during presentations.	4.54	.63	97
Time was well organized	4.45	.78	96
The information is relevant and can be applied to my work situation.	4.42	.90	97
I feel I now have a better understanding of the subject presented.	4.36	.93	97
The presenters were well organized and prepared.	4.77	.47	97
The presenters were knowledgeable in the subject.	4.81	.44	97
The presenters used a variety of activities that correspond with the content.	4.59	.63	97
The presenters were easy to listen to.	4.67	.62	97
The presenters valued our input.	4.79	.50	97
I found the environment to be comfortable.	4.20	.97	96
There was adequate time for breaks during the training sessions.	4.40	.83	95
The size of the group was appropriate for the sessions.	4.54	.66	97
The location of the training was convenient for me.	4.63	.62	97
The day and time of the training was convenient for me.	4.35	.85	97

CUMULATIVE INSTITUTE DATA
YEAR 1

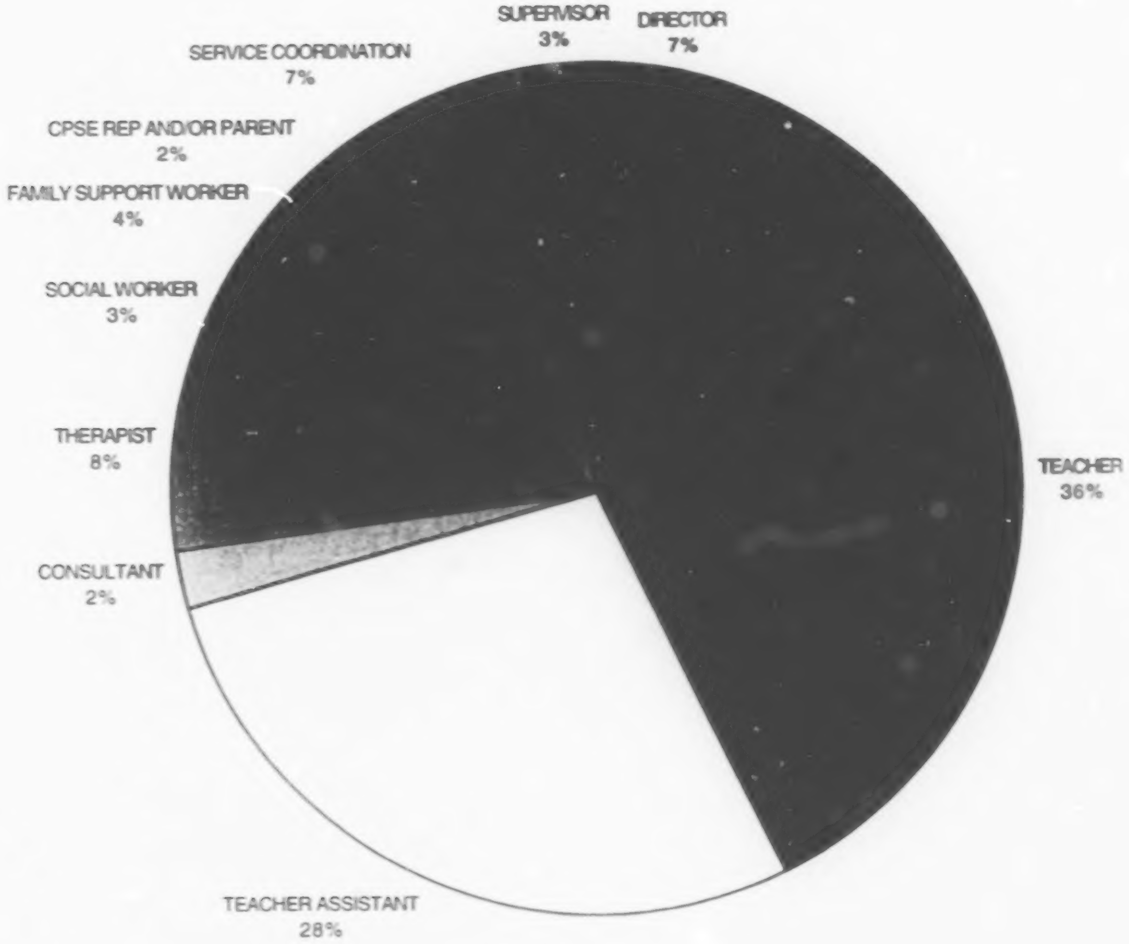


Figure 3: Discipline of Participants for First Year Institutes (N=136)

CONSUMER SATISFACTION SUMMARY
FIRST YEAR INSTITUTE

Statement	Agreement with statement (1=strongly disagree; 3=normal; 5=strongly agree) Mean	Standard Deviation	n
Objectives of the training were met.	4.28	.88	93
All topics on the agenda were addressed.	4.27	.77	93
The materials (e.g., readings, overheads) were relevant to the training content.	4.66	.56	96
Adequate illustrations and examples were used during presentations.	4.54	.63	97
Time was well organized	4.45	.78	96
The information is relevant and can be applied to my work situation.	4.42	.90	97
I feel I now have a better understanding of the subject presented.	4.36	.93	97
The presenters were well organized and prepared.	4.77	.47	97
The presenters were knowledgeable in the subject.	4.81	.44	97
The presenters used a variety of activities that correspond with the content.	4.59	.63	97
The presenters were easy to listen to.	4.67	.62	97
The presenters valued our input.	4.79	.50	97
I found the environment to be comfortable.	4.20	.97	96
There was adequate time for breaks during the training sessions.	4.40	.83	95
The size of the group was appropriate for the sessions.	4.54	.66	97
The location of the training was convenient for me.	4.63	.62	97
The day and time of the training was convenient for me.	4.35	.85	97

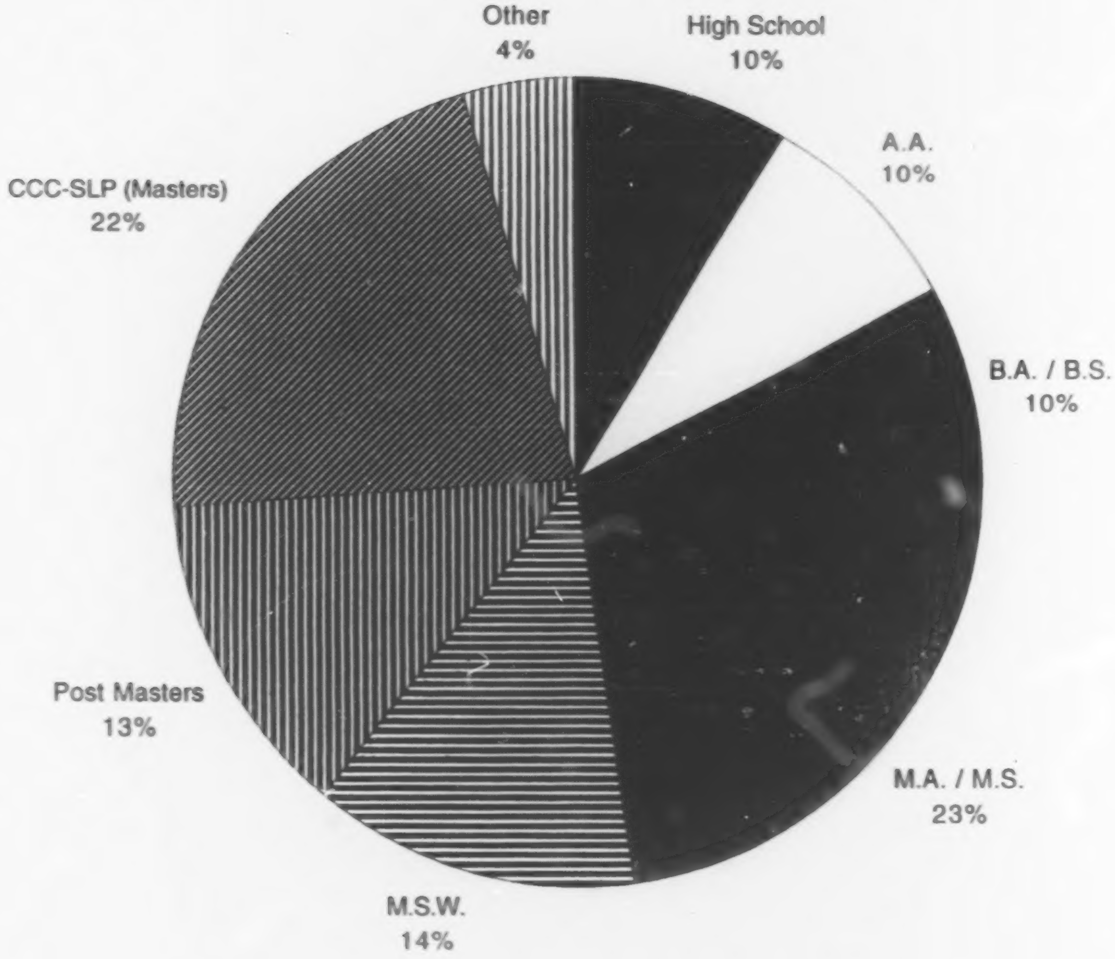
YEAR 2
INSTITUTES

Interdisciplinary Center for Child Development

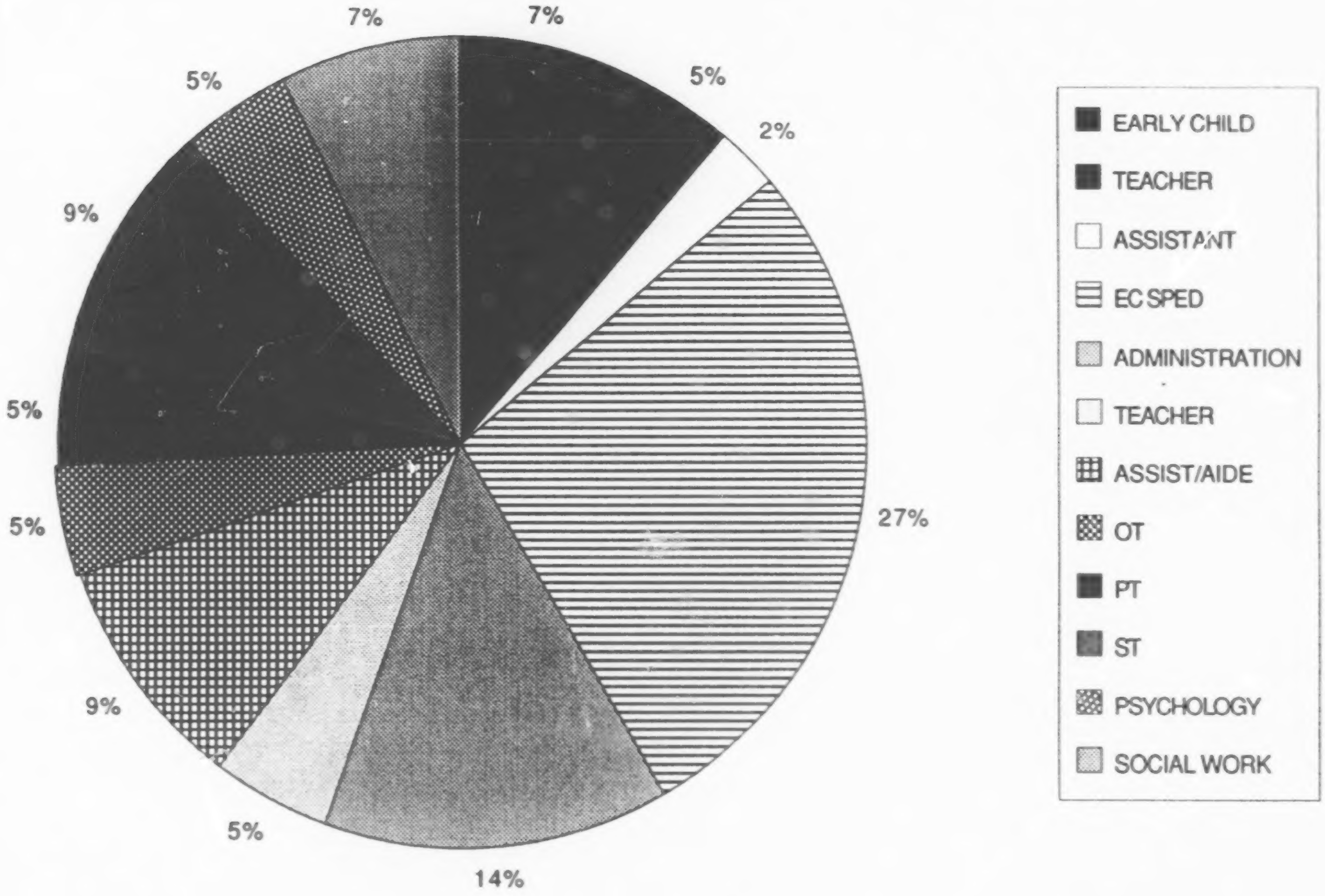
List of Participants

Agency Name: Interdisciplinary Center for Child Development
Inst. # .17

Name/Title/Agency	Address
Marta Placeres	Queens Village, NY
Cindy Samide	Woodbury, NY
Lisa Gross	Great Neck, NY
Blauca Cruzet	Merrick, NY
Felise Nagelberg	New Gardens, NY
Gina Amzler	Carle Place, NY
Donna Bonomo	Bayside, NY
Melissa Marchise	Brooklyn, NY
Loretta Palumbo	Flushing, NY
Joyce Glasman	Garden City, NY
Marcia Lowenstein	New York, NY
Marita Mendez	Jamaica, NY
Janet Thompson	Rosedale, NY
Donna Demeo	Port Washington, NY
Denise Martin	Garden City, NY
Hindi Guglielmo	Whitestone, NY
Linda Johnson	New Gardens, NY
Christine Momick	Forest Hills, NY
Jennifer Rojas	Glendale, NY
Woon-yee So	Seaford, NY
Eileen Chu	Bayside, NY
Kevin Loughlin	No. Massapequa, NY
Josie Healy	Middle Village, NY



Education Level of Participants for Institute 17 Presented at ICCD (N=23)



Areas of certification for Institute #.17.

COMMUNITY INCLUSION PROJECT
UCONN HEALTH CENTER
DIVISION OF CHILD & FAMILY STUDIES

PRE-POST QUESTIONNAIRE SCORE SUMMARY

Agency Name and Location: Interdisciplinary Center for Child Devel.
Institute Number: .17 Date: 11/30/94

ID #	PARTICIPANT NAME	PRE-TEST	POST-TEST
167	(For confidentiality, participants	20%	80%
168	preferred to withhold names)	10%	80%
169		40%	90%
170		70%	80%
171		90%	90%
172		90%	100%
173		60%	90%
174		80%	100%
175		80%	100%
176		80%	100%
177		70%	90%
178		40%	90%
179		80%	100%
180		60%	100%
181		60%	100%
	MEAN SCORES	67.8%	93.5%

INSTITUTE SESSIONS OVERVIEW

SESSION I: Establishing a Philosophy of Inclusion

OBJECTIVES

Participants will:

- identify current philosophy;
- brainstorm importance of a philosophy toward inclusion;
- identify key issues relating to philosophy toward inlcusion;
- demonstrate ways to communicate philosophy to others.

AGENDA

TOPIC	FORMAT
"Early Childhood at its Best"	Video
Importance of Philosophy	Lecture/Discussion
Current Philosophy	Lecture/Discussion
How Does Legislation Support Inclusion?	Lecture/Discussion
Examples of Philosophies Toward Inclusion	Lecture/Discussion
Key Components of a Philosophy Toward Inclusion	Brainstorm/Activity
BREAK	
Communicating Philosophy to Others	Brainstorm/Discussion
Philosophy vs. policy	Lecture/Discussion

ACTIVITY: Key Issues Involved in a Philosophy Toward Inclusion

Directions: Keeping in mind the components necessary for a philosophy toward inclusion, brainstorm key issues you want to address in the development of your program's philosophy.

ISSUES TO CONSIDER	IS CHANGE NEEDED?	TYPE OF CHANGE NEEDED	RESOURCES / ACTIVITIES

READINGS

University of Connecticut Health Center, Child and Family Studies, Department of Pediatrics (1990). Children with complex health care needs: A guide for families. Farmington, CT.

National Early Childhood Technical Assistance System & Association for the Care of Children's Health. (1989). Philosophy and conceptual framework. In B.H. Johnson, M.J. McGonigel, & R.R. Kaufman (Eds.), Guidelines and recommended practices for the Individualized Family Service Plan (pp. 5-10), Washington, DC: ACCH.

BEST COPY AVAILABLE

SESSION II: Collaborating With Others

OBJECTIVES

Participants will:

- define a team;
- identify reasons for, and ways to include families as full team members;
- apply the principles of active listening to interactions with other team members;
- define the term "collaboration";
- identify characteristics of role release;
- identify and describe the collaborative consultation model;
- apply the principles of collaborative consultation to interaction with children and families.

AGENDA

TOPIC	FORMAT
What is a Team?	Lecture/Discussion
What Makes an Effective Team?	Lecture/Discussion
Including Families on the IFSP Team	Lecture/Discussion
Becoming an Active Listener	Lecture/Activity
BREAK	
Understanding Collaborative Consultation	Lecture/Discussion
Developing Child Strengths and Abilities Through Collaboration With Others	Lecture/Discussion
"Family-Centered Care"	Video

ACTIVITY: **Using Active Listening Techniques During the IFSP Process**

Following each scenario, first write what you might say to show that you are listening actively. Then, write an open-ended question you might ask to encourage the speaker to elaborate more fully on the topic being discussed.

1) It is a rainy morning, and Marcia has arrived at the early intervention program with her two year old son Billy. Marcia appears to be rushing, and Billy is crying. "What a morning!" exclaims Marcia. "Is the day over yet?"

Active listening: ______________________________

Open-ended question: ______________________________

2) You have arranged for Tommy, age four, to visit your preschool program with his Mom. They arrive as scheduled, and Mom gives a bright, cheery "Hello! This is Tommy!" Tommy looks around the room at the children and says, "Why did we have to come here, anyway? Let's go home."

Active listening: ______________________________

Open-ended question: ______________________________

3) The children in the preschool have been broken into small groups and are preparing to go outdoors to spend some time in the playground area. They find partners and proceed down the stairs in a safe and orderly fashion, seemingly without incident. Once outdoors, Scottie begins to yell furiously at Jamie. He is obviously upset about something.

Active listening: ______________________________

Open-ended question: ______________________________

READINGS

Turnbull, A.P. & Turnbull, H.R. (1986). Families, professionals and exceptionality: A special partnership. Columbus, OH: Merrill Publishing Company.

Landerholm, E. (1990). The transdisciplinary team approach. Teaching Exceptional Children, 22(2), 66-70.

Campbell, P. (1987). The integrated programming team: An approach for coordinating professionals of various disciplines in programs for students with severe and multiple handicaps. Journal of the Association for Persons with Severe Handicaps, 12(2), 107-116.

BEST COPY AVAILABLE

SESSION III: The Natural Assessment Process

OBJECTIVES

Participants will:

- incorporate appropriate assessment techniques into the IFSP process;
- identify the steps in a natural assessment process;
- identify strategies for including family members in assessments for the IFSP;
- identify functional skills;
- identify daily routines/activities of the natural settings in which a child participates;
- complete an ecological inventory for one child;
- develop functional objectives across daily occurring routines for one child;
- incorporating adaptations/supports into the IFSP in order for a child to participate independently in routines/activities in the natural setting;
- identify characteristics of an integrated team report.

AGENDA

TOPIC	FORMAT
Use of a Natural Assessment Process for IFSP development	Lecture/Discussion
How Can We Include Families in the IFSP Assessment Process?	Lecture/Brainstorm
What are Functional Skills?	Lecture/Discussion
Identification of Daily Routines and Activities for IFSP development	Lecture/Discussion
BREAK	
Completing an Ecological Inventory for a Child	Lecture/Activity
Development of Functional Objectives Across Routines	Lecture/Activity
Identification of Adaptations and Supports for a Child	Lecture/Activity
Development of an Integrated Team Report	Lecture/Discussion

ECOLOGICAL INVENTORY

Student: ____________________ Environment: ____________________

ROUTINE:		STUDENT INVENTORY	DISCREPANCY ANALYSIS	INTERVENTION OPTIONS
ACTIVITY:				
SKILLS:				
ACTIVITY:				
SKILLS:				
ACTIVITY:				
SKILLS:				

+ = Correct response
- = Incor. response

ACTIVITY: Using the Natural Assessment Process

Directions: Please think of a typical daily routine and corresponding activities for a target child you know. Complete the Ecological Inventory chart identifying the skills necessary for a child to be successful in each activity you have identified. Next, determine the skills that need to be developed by your target child in order for him/or her to be as independent as possible in each activity. Finally, strategize intervention options that include adaptations and supports to foster independence and maximize success for the child you have targeted. Use the following chart to summarize your information.

Child: ____________________

Type of Activity*	Areas of Development					
	Social-Emotional	Self-help/ Adaptive	Motor fine	gross	Communication	Cognitive
Free Play						
Planned Small Group Activities						
Story						
Snack/ Lunch						
Motor Play						
Art						
Music/ movement						
Circle						
Other						

* All daily activities may be planned: 1) for indoor & outdoor play; 2) as individual, small group, or large group activities (except for free play which should be individual or small group). It is recommended that individual activities comprise the greatest portion of the day.

BEST COPY AVAILABLE

READINGS

Bagnato, S.J., Neisworth, J.Y., & Munson, S.M. (1989). Developmental assessment: Principles and procedures. In Linking developmental assessment and early intervention: Curriculum based prescriptions (2nd ed.), pp. 32-58. Rockville, MD: Aspen Publishing Co.

Bailey, D.B. & Wolery, M. (1989). Assessing infants and preschoolers with handicaps. Columbus, OH: Merrill Publishing Company.

Bailey, D.B. & Simeonsson, R.J. (Eds.) (1988). Family assessment in early interention. Columbus, OH: Merrill Publishing Company.

Fewell, R., Sandall, S. (1983). Curricula adaptations for young children: Visually impaired, hearing impaired, and physically impaired. Topics in Early Childhood Special Education, 2(4), 51-66.

Bricker, D. & Cripe, J. (1992). An Activity-Based Approach to Early Intervention. MD: Brookes Publishing Co.

BEST COPY AVAILABLE

SESSION IV: Evaluating the Effectiveness of the Program

OBJECTIVES

Participants will:

- identify strategies to evaluate intervention;
- identify methods for appropriate instruction at home or in the classroom;
- employ techniques of environmental, peer and teacher mediation in the classroom;
- identify methods to promote generalization of new skills;
- identify the criteria stated in the Infant/Toddler Environment Rating Scale to evaluate appropriate learning environments.

AGENDA

TOPIC	FORMAT
Methods for Evaluating the Effectiveness of Intervention	Lecture/Discussion
Incorporating the Principles of Natural Assessment and Activity/Routines Based Instruction into the Home and Classroom Setting	Lecture/Activity
Understanding Environmental, Peer and Teacher Mediation Strategies	Lecture/Discussion
Promoting the Generalization of New Skills	Lecture/Brainstorm
BREAK	
Using the Infant/Toddler Environment Rating Scale to Evaluate Appropriate Learning Environments	Lecture/Discussion
"Joining Forces"	Video

ACTIVITY: **Incorporating Objectives into Daily Routines**

Directions: Please look at each objective identified on the following chart. Then create activities that could be conducted during each of the daily routines listed across the top of the chart. Include prompts, assists and appropriate positioning techniques where necessary.

Child's Name: _______________ Setting: _______________ Program Plan: ____________ to: __________

ROUTINES

OBJECTIVES	Wake-up	Dressing	Feeding	Playtime	Riding in Car	Bathtime
Lifts head when prone to view visual displays and/or be responded to socially						
Uses "social bids" (e.g., smiling & vocalizations) to initiate adult-child interactions						
Uses kicking movements to produce movement of a mobile						
Lifts head up to midline position while in travel chair to observe "going ons"						
Using cooing sounds to evoke adult responsiveness						
Shakes are up-and-down to produce movement of bells attached to child's wrist						
Activates a music box using a voice-activated microphone						

Figure 2. An example of an intervention matrix for promoting the active learning capabilities of an infant

BEST COPY AVAILABLE

ACTIVITY: **Promoting Generalization of Skills**

Directions: In order to be sure that the generalization of newly learned skills is being promoted, it is necessary to give children many opportunities to incorporate a skills into naturally occurring routines through the day and across a variety of environments. Using the following chart, please fill in activities that could be conducted during each of the routines listed across the top of the chart, that would address objectives listed down the left hand side of the page. Remember to incorporate objectives into functional, normally occurring routines and activities.

TARGET BEHAVIOR	ROUTINES					
	ARRIVAL/ DEPARTURE	CIRCLE GROUP TIME	SNACK/LUNCH	FREEPLAY	TRANSITIONS	# LEARNING OPPORTUNITIES
Will use non-verbal gestures to "request" objects or actions						
Will follow simple directions within the context of play						
Will use a spoon and cup to independently feed self						
Will engage in independent, socially appropriate play with toys						
Will communicate yes and no using head movements						
Will walk independently between classroom area during transition						

READINGS

Harms, T., Cryer, D., & Clifford, R.M. (1990). Infant/Toddler Environment Rating Scale. New York: Teachers College Press.

Mulligan, M., & Guess, D. (1984). Using an individualized curriculum sequencing model. In L. McCormick & R.L. Schiefelbusch (Eds.), Early language intervention (pp. 300-323). Columbus, OH: Charles E. Merrill Publishing Company.

BEST COPY AVAILABLE

SESSION V: Participant Practicum

OBJECTIVE

Participant will:

- identify appropriate classroom practices through observation using the Infant/Toddler Environment Rating Scale.

Session Description: (2 1/2 hours at a classroom site)

Participants will break up into groups of 3 or 4 and meet at a community childcare setting. Using the Infant/Toddler Environment Rating Scale, participants will practice the objective evaluation of a setting in terms of its appropriateness for young children. Skillful use of the tool will be stressed, as well as the use of objective observation.

Follow-up: Upon completion of the observation, each small group will meet and compile a report summarizing their observations, detailing their suggestions for environmental improvement, and outlining plans for follow-up with the setting.

Child's Name: _______________ Setting: _______________ Program Plan: ____________ to: __________

ROUTINES

OBJECTIVES	Wake-up	Dressing	Feeding	Playtime	Riding in Car	Bathtime
Lifts head when prone to view visual displays and/ or be responded to socially						
Uses "social bids" (e.g., smiling & vocalizations) to initiate adult-child interactions						
Uses kicking movements to produce movement of a mobile						
Lifts head up to midline position while in travel chair to observe "going ons"						
Using cooing sounds to evoke adult responsiveness						
Shakes are up-and-down to produce movement of bells attached to child's wrist						
Activates a music box using a voice-activated microphone						

Figure 2. An example of an intervention matrix for promoting the active learning capabilities of an infant

ACTIVITY: Promoting Generalization of Skills

Directions: In order to be sure that the generalization of newly learned skills is being promoted, it is necessary to give children many opportunities to incorporate a skills into naturally occurring routines through the day and across a variety of environments. Using the following chart, please fill in activities that could be conducted during each of the routines listed across the top of the chart, that would address objectives listed down the left hand side of the page. Remember to incorporate objectives into functional, normally occurring routines and activities.

TARGET BEHAVIOR	ROUTINES					
	ARRIVAL/ DEPARTURE	CIRCLE GROUP TIME	SNACK/LUNCH	FREEPLAY	TRANSITIONS	# LEARNING OPPORTUNITIES
Will use non-verbal gestures to "request" objects or actions						
Will follow simple directions within the context of play						
Will use a spoon and cup to independently feed self						
Will engage in independent, socially appropriate play with toys						
Will communicate yes and no using head movements						
Will walk independently between classroom area during transition						

READINGS

Harms, T., Cryer, D., & Clifford, R.M. (1990). Infant/Toddler Environment Rating Scale. New York: Teachers College Press.

Mulligan, M., & Guess, D. (1984). Using an individualized curriculum sequencing model. In L. McCormick & R.L. Schiefelbusch (Eds.), Early language intervention (pp. 300-323). Columbus, OH: Charles E. Merrill Publishing Company.

BEST COPY AVAILABLE

SESSION V: Participant Practicum

OBJECTIVE

Participant will:

- identify appropriate classroom practices through observation using the Infant/Toddler Environment Rating Scale.

Session Description: (2 1/2 hours at a classroom site)

Participants will break up into groups of 3 or 4 and meet at a community childcare setting. Using the Infant/Toddler Environment Rating Scale, participants will practice the objective evaluation of a setting in terms of its appropriateness for young children. Skillful use of the tool will be stressed, as well as the use of objective observation.

Follow-up: Upon completion of the observation, each small group will meet and compile a report summarizing their observations, detailing their suggestions for environmental improvement, and outlining plans for follow-up with the setting.

First Step Early Childhood Center

FIRST STEP EARLY CHILDHOOD CENTER
Richmond Hill, NY
January 25, 1995

THE COMMUNITY INCLUSION PROJECT FOR YOUNG CHILDREN WITH DISABILITIES

Marie Brand
University of Connecticut Health Center
Farmington, CT

BEST COPY AVAILABLE

ESTABLISHING A PHILOSOPHY OF INCLUSION

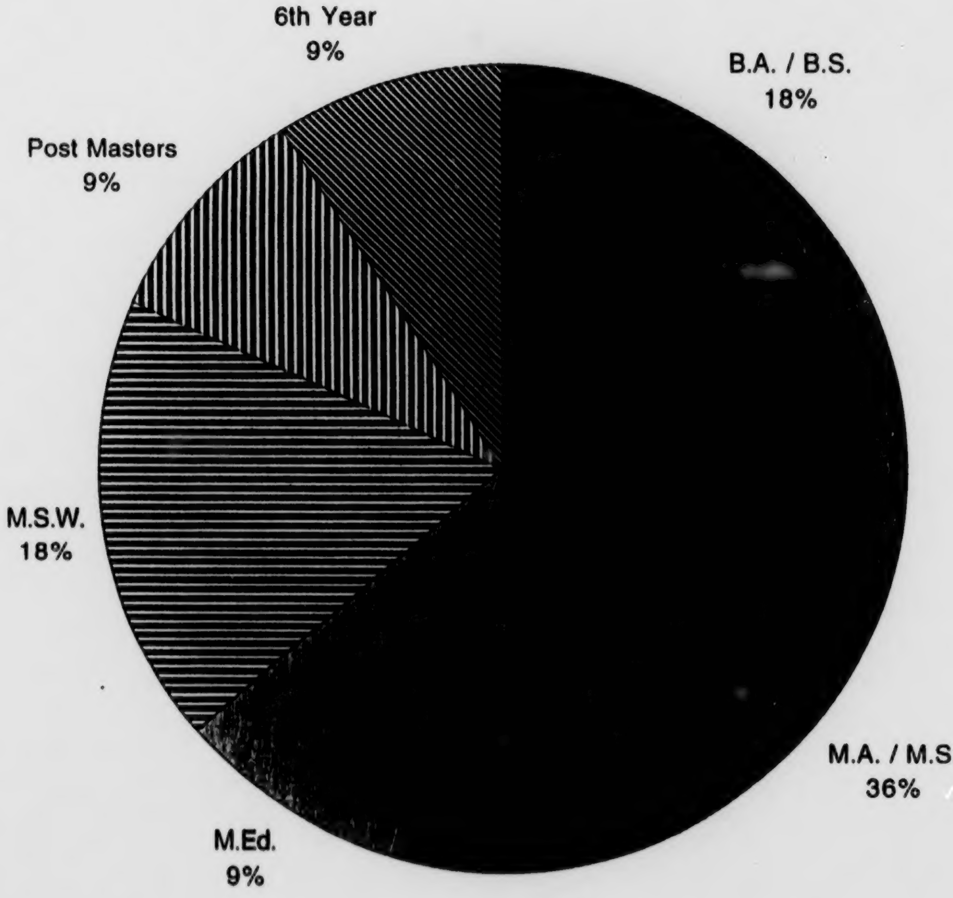
AGENDA

TOPIC	**FORMAT**
"Early Childhood at its Best"	Video
Importance of Philosophy	Lecture/Discussion
Current Philosophy	Lecture/Discussion
How Does Legislation Support Inclusion?	Lecture/Discussion
Examples of Philosophies Toward Inclusion	Lecture/Discussion
Key Components of a Philosophy Toward Inclusion	Brainstorm/Activity
BREAK	
Communicating Philosophy to Others	Brainstorm/Discussion
Philosophy vs. policy	Lecture/Discussion

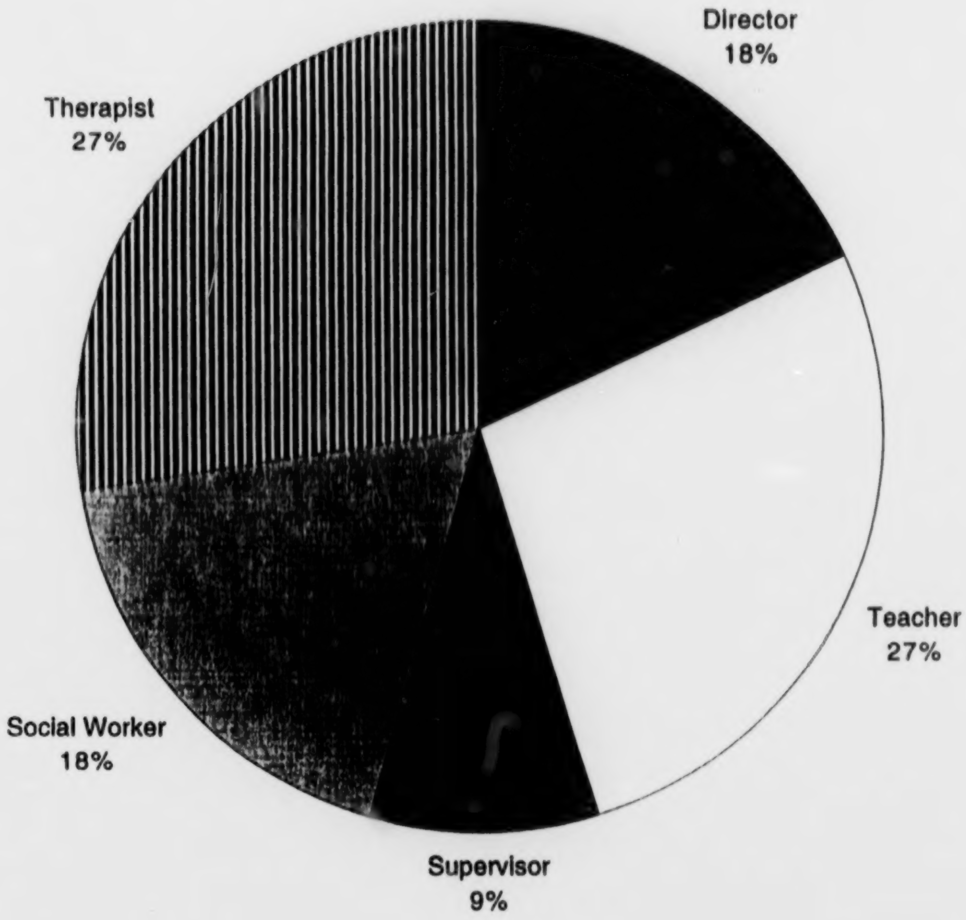
PARTICIPANT LIST

Agency Name and Address: First Step Early Childhood Center
Date of Training: 1/18/95
Training ID#: .18

Name/Title/Agency	Address	Telephone
Lely Alamina	115-15 101st Ave, Rich. Hill NY	718-441-5333
Marlo Ross	115-15 10 1st Ave, Rich. Hill NY	718-441-5333
Dianne Cattrano	115-15 10 1st Ave, Rich. Hill NY	781-441-5333
Mary Beth Blank	115-15 10 1st Ave, Rich. Hill NY	781-441-5333
Karen Ailen	115-15 10 1st Ave, Rich. Hill NY	781-441-5333
Sharon DeHart	115-15 10 1st Ave, Rich. Hill NY	781-441-5333
Ivy Garbowitz	115-15 10 1st Ave, Rich. Hill NY	781-441-5333
Temima Hurvitz	115-15 10 1st Ave, Rich. Hill NY	781-441-5333
Michelle Fischrind	115-15 10 1st Ave, Rich. Hill NY	781-441-5333
Tracy Cartas	115-15 10 1st Ave, Rich. Hill NY	781-441-5333
June Lindquist	115-15 10 1st Ave, Rich. Hill NY	781-441-5333



Education Level of Participants for Institute .18 Presented at First Step (N=11)



Discipline of Participants for Institute .18 Presented at First Step (N=11)

The Center for Adolescent Services

The Center For Adolescent Services
Binghamton, NY

DRAFT: 8/10/94

TWO YEAR WORKPLAN

GOAL	OBJECTIVE	ACTIVITIES	TIMEFRAME	RESPONSIBLE PARTY	EVALUATION METHODOLOGY
1. To Deliver Early Intervention Services to 5 infants and toddlers with a group natural environment over the course of the year.	A. Infants and toddlers whose mother's are under 21 years old, that are suspected to having a development delay will be referred to the BC Health Department	A1. Multi-disciplinary evaluation process will be used to assess the infant or toddler and parent strengths and developmental needs.	Month 1 - 12	Broome County Health Dept.	A1. Multi-disc eval is on file that reflects uniform eval
		A2. The child's service needs will be determined during an an IFSP meeting. Goals and objectives will be determined in collaboration with the parent, service coordinator and other relevant staff. The goals and objectives will be developed for implementation within the typical activities and routines at the day care center. Any services will be delivered within these activities and routines.		Broome County Health Dept.	A2. IFSP is in place with 5 children enrolled in TC day care prog
	B. The training consultant will provide training to the involved staff (both special services and day care staff on the development of cross-disciplinary, activity based strategies.	B1. Training will be conducted in both individual sessions using modeling, demonstration and feedback, and group sessions on such topics as collaborative consultation, integrated therapy, and activity based instruction. The training model to be used has been validated by the Community Integration Project.	Month 1 - 12	Coordinator Training Consultant	B1. Phil of TCAS & DC prog inclds commitment to inclusion . Curr based on:uniform eval, best practice, fiscal respon bilities Training sessions done

BEST COPY AVAILABLE

GOAL	OBJECTIVE	ACTIVITIES	TIMEFRAME	RESPONSIBLE	EVALUATION
		B2. A variety of evaluation measures will be conducted on a quarterly basis by the training consultant. This will be used to insure the the effectiveness of the model across children, families and staff	Quarterly	Training Consultant	Appendix A: Evaluation Design
II. To provide workshops, technical assistance and on-going training to early interventionists and day care providers on inclusive early intervention service delivered in natural group environments	A. the project staff will provide 6 workshops throughout the region on implementing early intervention in inclusive community settings.	A1. Early intervention staff as well as day care staff and families in the community will be contacted regarding scheduling of workshops	Month 13-24	Coordinator Training Consultant	A1. Notices are sent to EI,DC, families
		A2. The content of the workshops will consist of the model components of the Inclusive Model			A2. 2 groups complete Trn-the-Trnr sessions (20-30 Part)
		A3. The training consultant will also be available to provide technical assistance to inclusive programs in which children with disabilities are receiving early intervention services with children without disabilities.			A3. TA is avail/ provided; 1 workshop on inclusion provided for 100 in comm
		A4. In addition, groups of providers may request long-term training from the training consultant on systems change strategies to enable them to move into an inclusive model of early intervention.			A4. Trainers avail in community through Trn-the-Trnr curricula

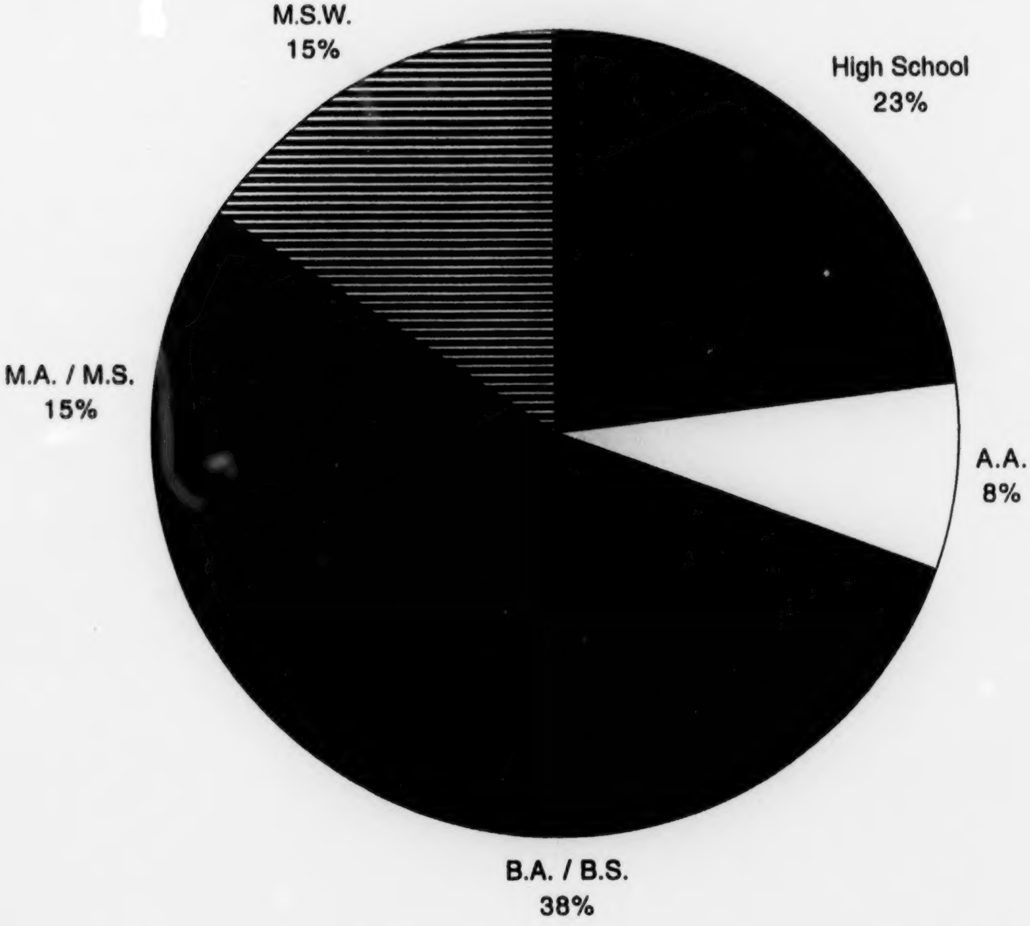
GOAL	OBJECTIVE	ACTIVITIES	TIMEFRAME	RESPONSIBLE PARTY	EVALUATION METHODOLOGY
III. Expand The Center's Young Program to include specific supports for parents of children with special needs and give parents of non-special needs babies opportunities to develop health attitudes toward special needs children.	A. Parents of special needs babies will participate in The Center's Young Parent Program group meetings of teen parents to learn about child development and parent education. The Young Parent Program curriculum will be enhanced to include a component on special needs children and parenting of children with special needs.	A1. The training consultant and parents of special needs babies will participate in the Young Parent Program group meetings.	Month 13 - 24	Coordinator Training Consultant Teen Parent/ Peer Educator	A1. Inclusion component Young parent Curricula
		A2. Opportunities will be made available for additional meetings for parents of special needs children only to share experiences and reduce feeling of isolation by relating to parents with similar needs.			A2. Meetings held with parents of special needs child.
		A3. The training consultant will assist in developing evaluation measures to insure the effectiveness of the program in meeting needs of parents with special needs and measuring attitudes toward special needs children.			A3. Evaluation designed
	B. A parent of a special needs baby will be used as a peer educator, with support from the training consultant, to give the parents of special needs babies an opportunity to learn, share, and resolve issues	B1. The project staff will identify teen parents who could act as a peer educator(s) and would be willing to do so. The coordinator will establish a training schedule for the teen peer educator prior to the implementation of the program	Month 13 - 18	Training Consultant Teen Parent/ Peer Educator	B1. teen parent participates in trn-the-trner sessions

GOAL	OBJECTIVE	ACTIVITIES	TIMEFRAME	RESPONSIBLE PARTY	EVALUATION METHODOLOGY
	B continued related to inclusion efforts and parenting a special needs child.	B2. The training consultant will assist in the development of a peer education curriculum and identify training needs of peer educators	Month 13 - 18		B2. Trn-the-Trner Curricula inclds peer education component
		B3. The peer education program will be implemented, either parent-to-parent or group of parents with support from the training consultant. Evaluation measures will be developed to ensure program effectiveness.	Month 19 - 24		B3. Peer education component is implem & evaluated

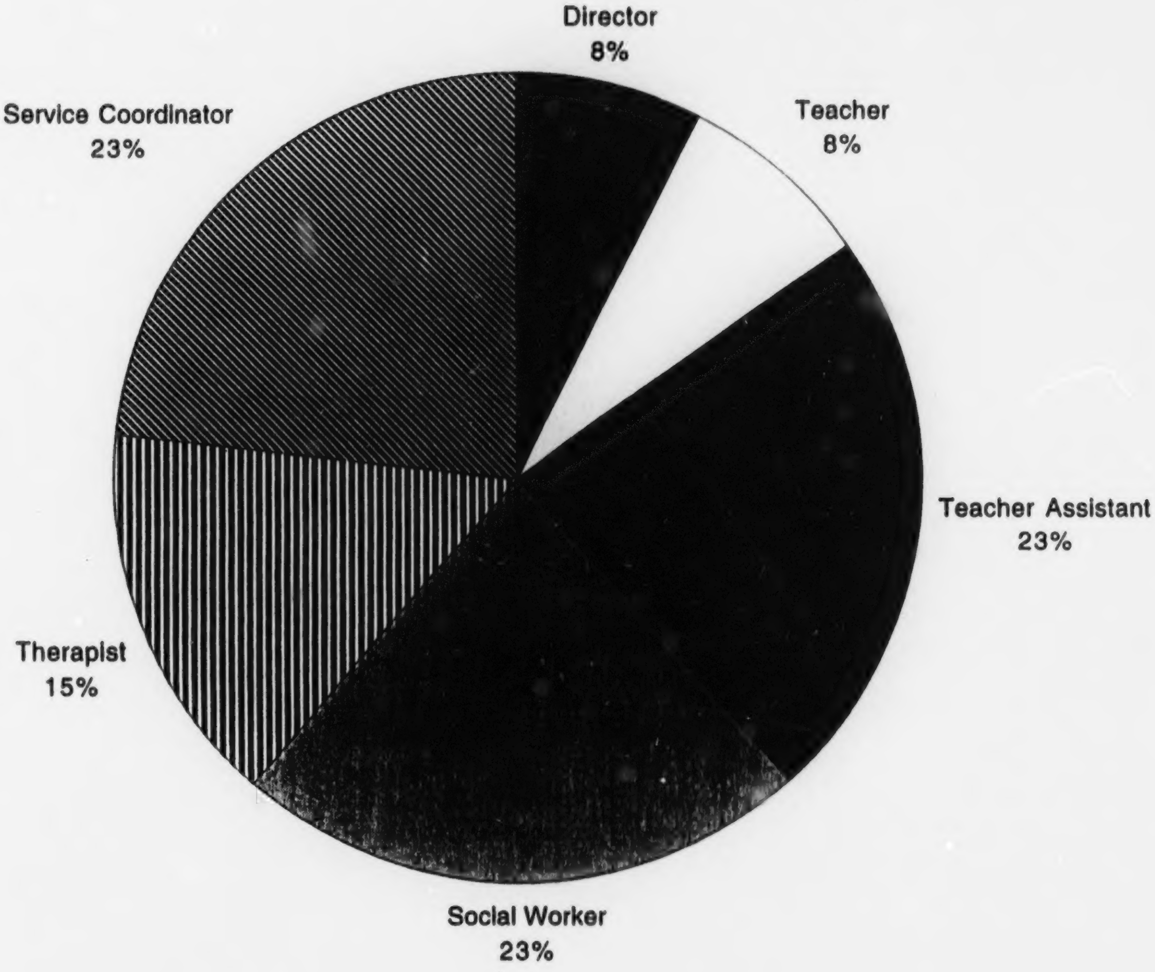
PARTICIPANT LIST

Agency Name and Address: Center for Adolescent Services
Date of Training: 3/10/95
Training ID #:

Name/Title/Agency	Address	Telephone
Donna Gorsch, Sr. P.T.	305 Main Street	729-1295
High Risk Births Clinic	Binghamton, NY 13905	
Beth Kelly	305 Main Street	729-1295
Traci Heberger	305 Main Street	729-1295
Elaine Weller	44 Main Street, Binghamton, NY	778-8944
Kim Tiner	1 Wall Street, Binghamton, NY	778-2823
Linda Hrostowski	44 Main Street, Binghamton, NY	778-8944
Karen Nichols	44 Main Street, Binghamton, NY	778-8944
Alice Kocik	44 Main Street, Binghamton, NY	778-8944
Ruth Muller	BCHD 1 Wall St, Binghamton, NY	778-2835
Heidi Mikeska	44 Main Street, Binghamton, NY	778-8807
Janice Theodoroff	44 Main Street, Binghamton, NY	778-8807
Liz Sillick, CSW	44 Main Street, Binghamton, NY	778-8807
Amy Timms	44 Main Street, Binghamton, NY	778-8807
Kay Hooper	44 Main Street, Binghamton, NY	778-8807



Education Level of participants for Institute .19 presented at Center for Adolescent Services (N=13)



Discipline of Participants for Institute 19 Presented at Center for Adolescent Services (N=13)

COMMUNITY INCLUSION PROJECT
UCONN HEALTH CENTER
DIVISION OF CHILD & FAMILY STUDIES

PRE-POST QUESTIONNAIRE SCORE SUMMARY

Agency Name and Location: Center for Adolescent Services
Institute Number: .19 Date: 3/10/95

ID #	PARTICIPANT NAME	PRE-TEST	POST-TEST
201	Patti Blazey	60%	
202	Heidi Mikeska	80%	
203	Beth Kelly	70%	
204	Liz Sillick	60%	
205	Janice Theodoroff	70%	
206	Kay Hooper	60%	
207	Kim Turner	60%	
208	Elaine Weller	70%	
209	Amy Timms	80%	
210	Linda Hrostowski	80%	
211	Karen Nichols	70%	
212	Ruth Mueller	70%	
213	Alice Kocik	70%	
	MEAN SCORES	69.0%	

COMBINED INSTITUTE DATA - YEAR 2

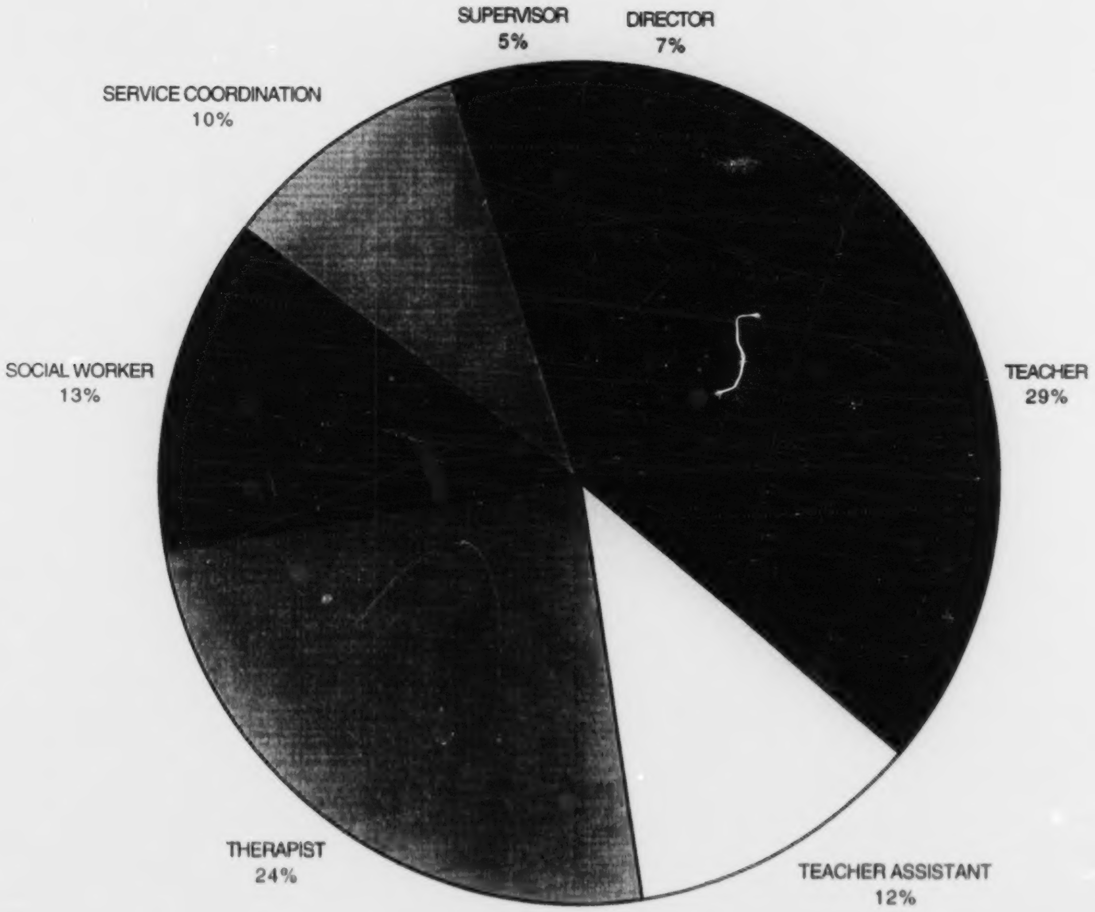


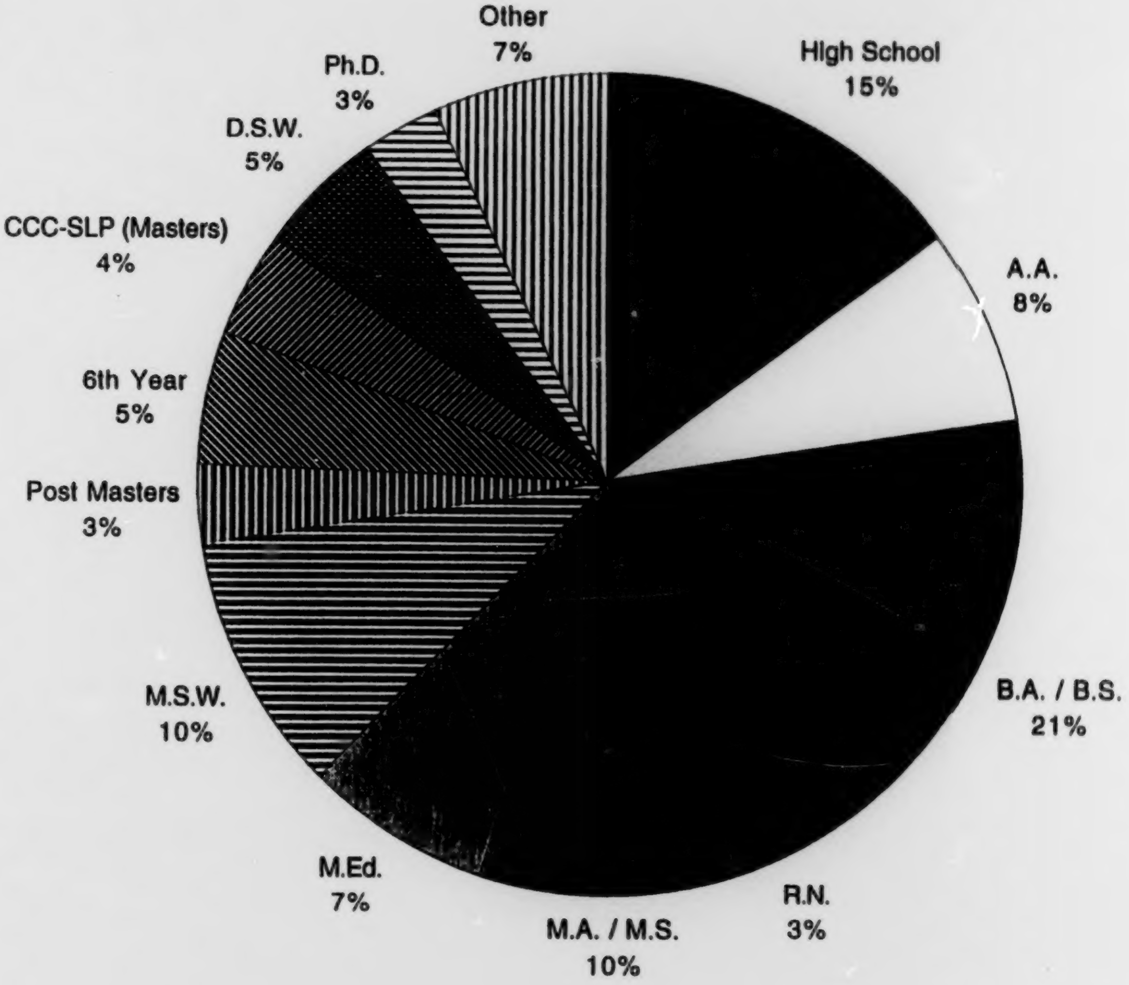
Figure 4: Discipline of Participants for Seond Year Institutes (N=61)

CONSUMER SATISFACTION SUMMARY
SECOND YEAR INSTITUTE

Agreement with statement
(1=strongly disagree; 3=normal;
5=strongly agree)

Statement	Mean	Standard Deviation	n
Objectives of the training were met.	5.00	.00	15
All topics on the agenda were addressed.	5.00	.00	15
The materials (e.g., readings, overheads) were relevant to the training content.	4.93	.26	15
Adequate illustrations and examples were used during presentations.	4.80	.41	15
Time was well organized	5.00	.00	15
The information is relevant and can be applied to my work situation.	4.93	.26	15
I feel I now have a better understanding of the subject presented.	5.00	.00	15
The presenters were well organized and prepared.	5.00	.00	15
The presenters were knowledgeable in the subject.	5.00	.00	15
The presenters used a variety of activities that correspond with the content.	5.00	.00	15
The presenters were easy to listen to.	5.00	.00	15
The presenters valued our input.	5.00	.00	15
I found the environment to be comfortable.	4.80	.41	15
There was adequate time for breaks during the training sessions.	5.00	.00	14
The size of the group was appropriate for the sessions.	5.00	.00	15
The location of the training was convenient for me.	5.00	.00	15
The day and time of the training was convenient for me.	4.87	.35	15

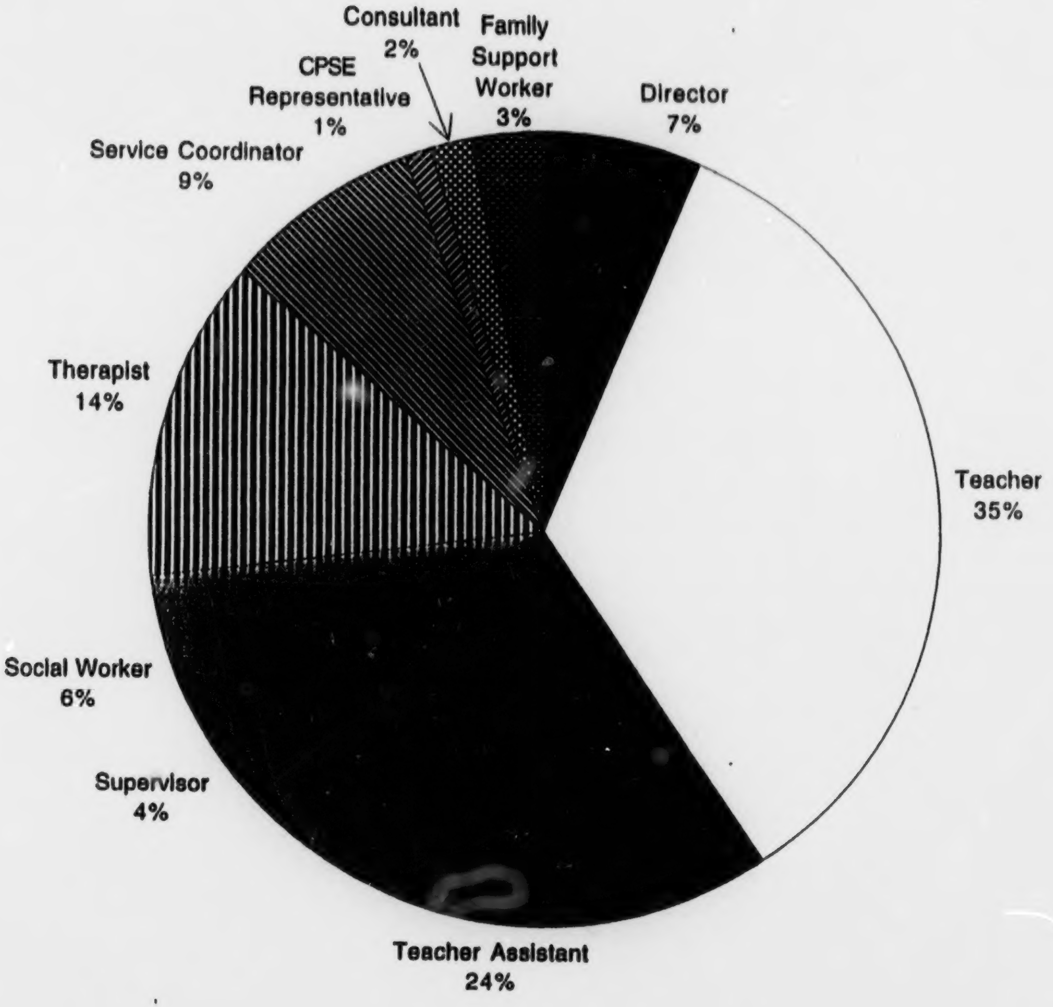
Cumulative Institute Data



916

917

Education Level of Participants for All Institutes (N=194)



Discipline of Participants for All Institutes (N=197)

WAS KNOWLEDGE GAINED DURING INSTITUTES?
PRE/POST DIFFERENCES

	Pre-test	**Post-test**	**Difference**
MEAN	34.02	90.17	56.12
S.D.	17.88	9.59	17.49

Paired differences significantly different from zero
(t_{117} = 34.85; $p < .0001$)

N = 118

IS THE KNOWLEDGE GAINED DURING INSTITUTES AFFECTED BY LEVEL OF DISCIPLINE OF PARTICIPANT?

Test Scores (out of 100)

DISCIPLINE	N*	PRE		POST		DIFFERENCE	
		M	SD	M	SD	M	SD
Administration	7	36.4	9.8	90.3	5.9	53.9	11.2
Teacher	54	34.3	19.0	90.5	10.2	56.3	18.7
TeacherAssistant	30	26.0	15.2	88.9	10.9	62.9	16.2
Other providers	27	41.9	16.8	90.7	7.7	48.8	15.4

Repeated Measures ANOVA

Between Subjects Effects

Source	SS	*df*	MS	*F*	*p*
Discipline	2290.12	3	763.37	3.11	.029
Within	27961.51	114	245.28		

Within Subjects Effects

Source	SS	*df*	MS	*F*	*p*
Pre-Post	106223.48	1	106223.48	734.8	.000
Pre-Post x Discipline	1421.27	3	473.76	3.28	.024
Within	16480.90	114	144.57		

IS THE KNOWLEDGE GAINED DURING INSTITUTES AFFECTED BY LEVEL OF EDUCATION OF PARTICIPANT?

Test Scores (out of 100)

EDUCATION	N*	PRE		POST		DIFFERENCE	
		M	SD	M	SD	M	SD
Less than college	26	26.7	19.7	88.9	9.1	62.2	18.6
College	29	33.1	18.5	92.9	7.0	59.8	17.7
Post-grad	51	38.8	14.4	89.3	11.7	50.5	14.5

*Education missing for 12 participants

Repeated Measures ANOVA

Between Subjects Effects					
Source	SS	*df*	MS	*F*	*p*
Degree	1399.26	2	699.63	2.77	.068
Within	26059.91	103	253.01		
Within Subjects Effects					
Source	SS	*df*	MS	*F*	*p*
Pre-Post	160772.79	1	160772.79	1188.48	.000
Pre-Post x Degree	1484.66	2	742.33	5.49	.005
Within	13933.46	103	135.28		

CONSUMER SATISFACTION SUMMARY
INSTITUTES

Statement	Agreement with statement (1=strongly disagree; 3=normal; 5=strongly agree)		
	Mean	Standard Deviation	n
Objectives of the training were met.	4.38	.85	108
All topics on the agenda were addressed.	4.37	.76	108
The materials (e.g., readings, overheads) were relevant to the training content.	4.69	.54	111
Adequate illustrations and examples were used during presentations.	4.57	.61	112
Time was well organized.	4.52	.75	111
The information is relevant and can be applied to my work situation.	4.49	.86	112
I feel I now have a better understanding of the subject presented.	4.45	.89	112
The presenters were well organized and prepared.	4.80	.44	112
The presenters were knowledgable in the subject.	4.84	.41	112
The presenters used a variety of activities that corresponded with the content.	4.64	.60	112
The presenters were easy to listen to.	4.71	.59	112
The presenters valued our input.	4.82	.47	112
I found the environment to be comfortable.	4.28	.94	111
There was adequate time for breaks during the training sessions.	4.48	.80	109
The size of the group was appropriate for the sessions.	4.60	.64	112
The location of the training was convenient for me.	4.68	.59	112
The day and time of the training was convenient for me.	4.42	.82	112

BEST COPY AVAILABLE

YEAR 3
INSTITUTES

THE CENTER FOR ADOLESCENT SERVICES

COMMUNITY INCLUSION PROJECT
UCONN HEALTH CENTER
DIVISION OF CHILD & FAMILY STUDIES

PRE-POST QUESTIONNAIRE SCORE SUMMARY

Agency Name and Location: Center for Adolescent Services
Institute Number: .19 Date: 9/1/95

ID #	PARTICIPANT NAME	PRE-TEST	POST-TEST
201	Patti Blazey	60%	90%
202	Heidi Mikeska	80%	90%
203	Beth Kelly	70%	90%
204	Liz Sillick	60%	80%
205	Janice Theodoroff	70%	80%
206	Kay Hooper	60%	90%
207	Kim Turner	60%	90%
208	Elaine Weller	70%	100%
209	Amy Timms	80%	90%
210	Linda Hrostowski	80%	90%
211	Karen Nichols	70%	80%
212	Ruth Mueller	70%	80%
213	Alice Kocik	70%	90%
	MEAN SCORES	69.0%	88%

CENTER FOR ADOLESCENT SERVICES
TRAIN-THE-TRAINER

Participant List

Center for Adolescent Services

March 4, 1996

Institute #.20

Name/Title/Agency	Address	Telephone
Theresa Petrucci	154 Saint Charles Street Johnson City, NY 13790	(607) 729-4852
Maria Santos	37 Rotary Avenue Binghamton, NY 13905	(607) 770-9434
Janette Luby Mainstream Aide, BCCDC	200 Rano Boulevard, 2B-11 Vestal, NY 13850	(607) 798-9103
Rokhmah N. Suryaningish	130 Helen Street Binghamton, NY 13905	(607) 729-8728
Lisa Fajardo Assistant Teacher, ECC, JCC	1224 Wildwood Lane Vestal, NY 13850	(607) 797-8783

BEST COPY AVAILABLE

COMMUNITY INCLUSION PROJECT
UCONN HEALTH CENTER
DIVISION OF CHILD & FAMILY STUDIES

PRE-POST QUESTIONNAIRE SCORE SUMMARY

Agency Name and Location: Center for Adolescent Services
Institute Number: .20 Date: 4/96

ID #	PARTICIPANT NAME	PRE-TEST	POST-TEST
213	Rokhmah Suryaningih	20%	90%
214	Maria Santos	0%	100%
215	Lisa Fajardo	80%	100%
216	Theresa Petrucci	0%	100%
217	Janette Luby	80%	100%
	MEAN SCORES		

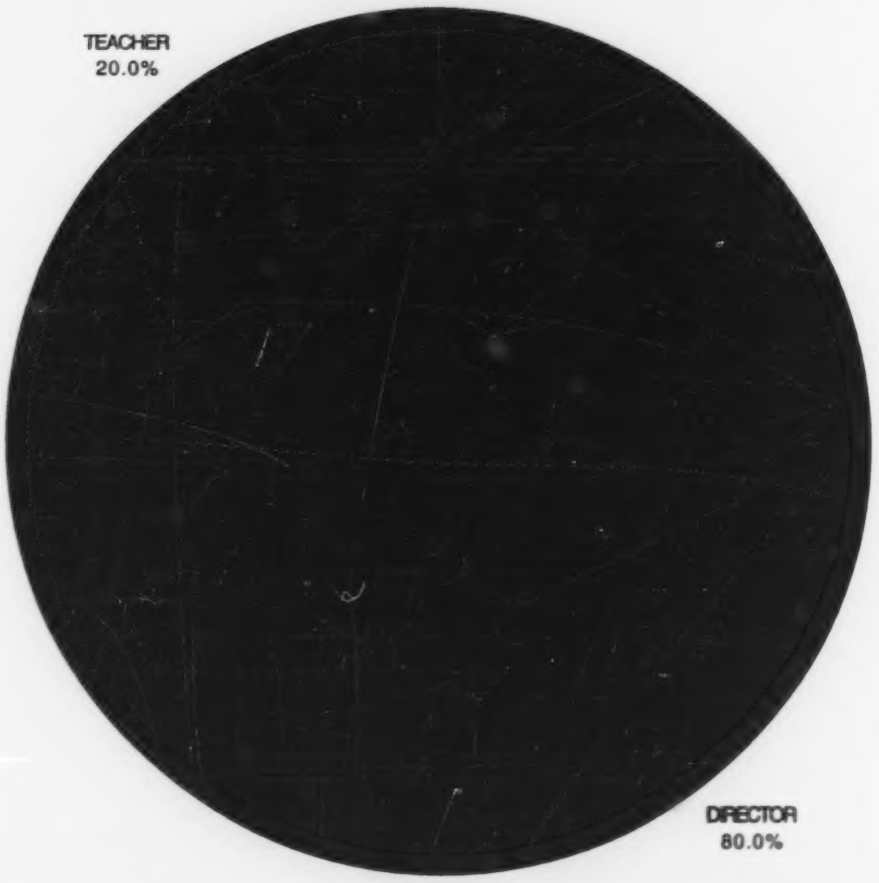


Figure 10: Discipline of Participants for Institute.20 (N=5)

"If you treat an individual as he is, he will stay as he is.
But if you treat him as if he were what he ought to be and could be,
he will become what he ought to be and could be."

CREATING INCLUSIVE SETTINGS:

TRAIN THE TRAINER INSTITUTE

The Center for Adolescent Services
Binghamton, NY

Presented by:

Marie Brand
University of Connecticut

Community Inclusion Project for
Young Children With Disabilities

BEST COPY AVAILABLE

TRAIN THE TRAINER
SESSION # 1

AGENDA

INTRODUCTION

PRE-POST QUESTIONNAIRE

WHAT IS INCLUSION? (Overview)

BENEFITS AND CONCERNS OF INCLUSION

ESTABLISHING A PHILOSOPHY TOWARD INCLUSION

VIDEO: "Early Childhood Education at Its Best"

BEST COPY AVAILABLE

Community Inclusion Project for Young Children With Disabilities

Train the Trainer
Session # 2

"TEAMING FOR INCLUSION"

AGENDA

WHAT IS A TEAM?

TYPES OF TEAMS

WHAT MAKES AN EFFECTIVE TEAM?

COMMUNICATION ACTIVITY

BENEFITS OF TEAM PARTICIPATION

TEAM MEMBERS

ROLE EXPANSION/ROLE RELEASE

BEST COPY AVAILABLE

TRAIN THE TRAINER

SESSION #5

"INCLUDING FAMILIES IN THE PROCESS"

Video: "Heart to Heart"

Why Is It Important to Include Families?

What Role Should Families Play?

How Are We Currently Including Families in Our Programs?

In What Other Ways Might We Include Families?

BEST COPY AVAILABLE

Looking at the Individualized Family Service Plan:

The I.F.S.P. Process

Binghamton, NY
Session #4

I. Principles of I.F.S.P. Development

II. What Does the I.F.S.P Process Look Like?

III. Case Study: "Margaret"

- Child and Family Strengths
- Family Concerns, Priorities and Resources
- Possible Outcomes

IV. I.F.S.P. Checklist

V. Sample I.F.S.P. Forms

VI. Resources

BEST COPY AVAILABLE

ADAPTING ACTIVITIES FOR CHILDREN WITH DISABILITIES

Binghamton, NY
Session #8

AGENDA

I. Introduction

Children With Disabilities in Community-Based Settings: Looking at the Law

II. Types of Program Adaptations

III. Modification of Activities Within Normally Occurring Routines

IV. Adaptations for Specific Disabilities

V. Using the Ecological Inventory

BEST COPY AVAILABLE

TRAIN THE TRAINER

SESSION #6

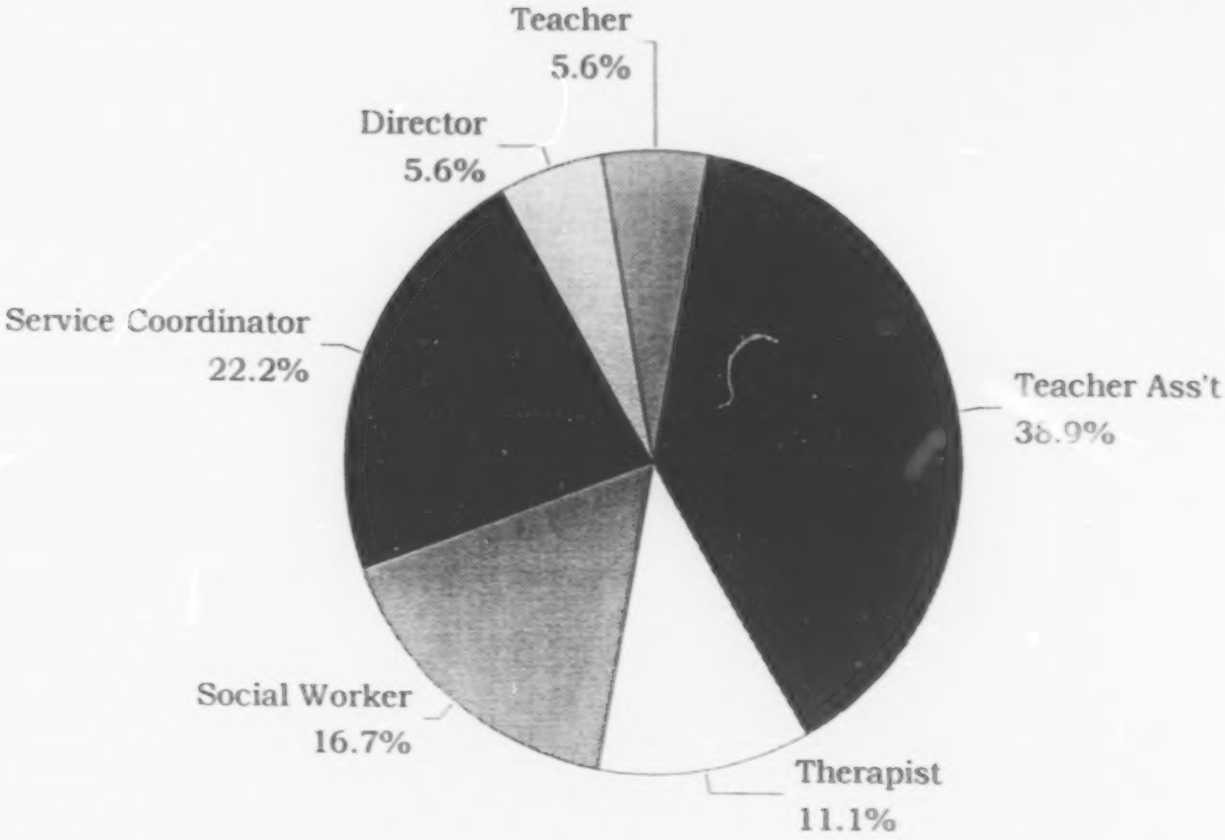
EVALUATING THE EFFECTIVENESS OF THE PROGRAM

AGENDA

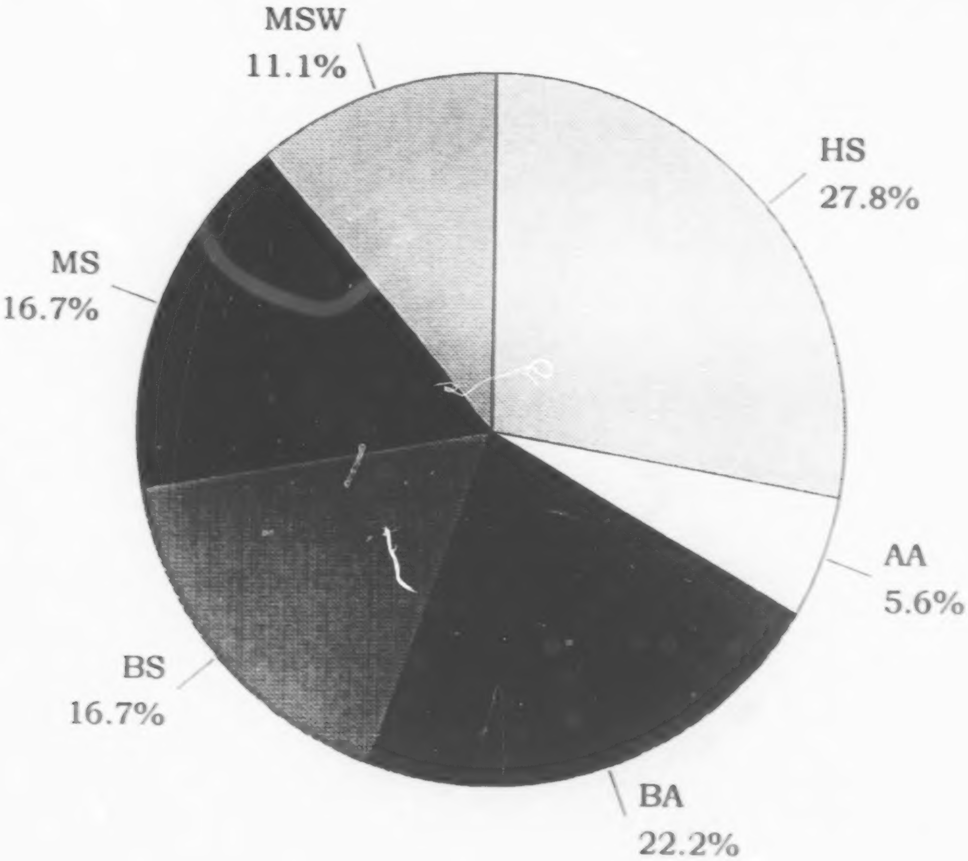
TOPIC	FORMAT
"Family Centered Care"	Video
Principles of Natural Assessment	Lecture/Discussion
Methods for Evaluating the Effectiveness of Intervention	Lecture/Brainstorm
Using the Infant/Toddler Environment Rating Scale to Evaluate Appropriate Learning Environments	Lecture/Discussion
"Family-Centered Care"	Video

BEST COPY AVAILABLE

COMBINED INSTITUTE DATA - YEAR 3



Discipline of Participants for Year 3 Institutes (N=18)



Education Level of Participants for Year 3 Institutes (N=18)

CUMULATIVE INSTITUTE DATA - YEARS 1-3

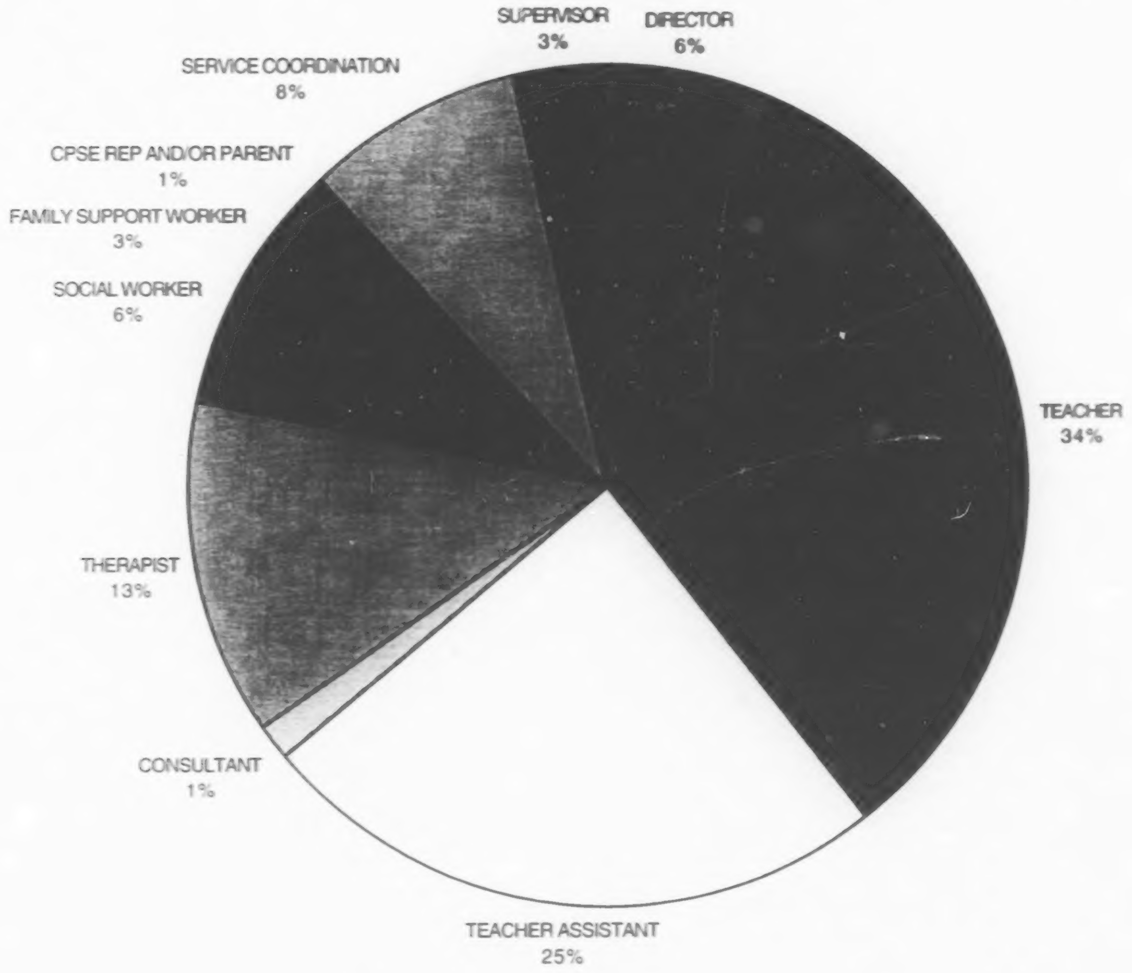
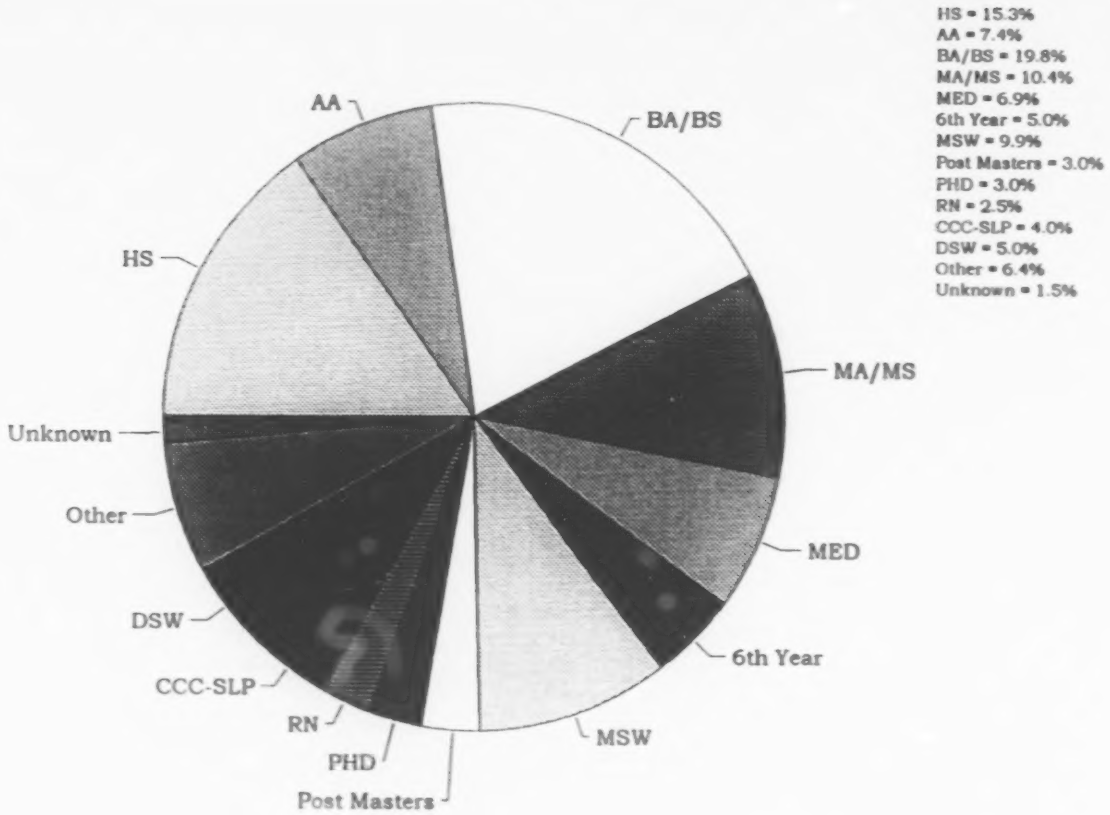


Figure 2: Discipline of Participants for All Institutes (N=202)

945



Education Level of Participants for All Institutes (N=202).

CONSUMER SATISFACTION SUMMARY
INSTITUTES

Statement	Agreement with statement (1 = strongly disagree; 3 = neutral; 5 =strongly agree) Mean	Standard Deviation	N
Objectives of the training were met.	4.38	.85	108
All topics on the agenda were addressed.	4.37	.76	108
The materials (e.g., readings, overheads) were relevant to the training content.	4.69	.54	111
Adequate illustrations and examples were used during presentations.	4.57	.61	112
Time was well organized.	4.52	.75	111
The information is relevant and can be applied to my work situation.	4.49	.86	112
I feel I now have a better understanding of the subject presented.	4.45	.89	112
The presenters were well organized and prepared.	4.80	.44	112
The presenters were knowledgable in the subject.	4.84	.41	112
The presenters used a variety of activities that corresponded with the content.	4.64	.60	112
The presenters were easy to listen to.	4.71	.59	112
The presenters valued our input.	4.82	.47	112
I found the environment to be comfortable.	4.28	.94	111
There was adequate time for breaks during the training sessions.	4.48	.80	109
The size of the group was appropriate for the sessions.	4.60	.64	112
The location of the training was convenient for me.	4.68	.59	112
The day and time of the training was convenient for me.	4.42	.82	112

WAS KNOWLEDGE GAINED DURING INSTITUTES? PRE/POST SCORE DIFFERENCES

	Pre-test Score	Post-test Score	Paired Difference
MEAN	37.51	89.89	52.38
S.D.	20.18	9.31	20.26

N= 131

Paired differences significantly different from zero
($t_{130} = 29.59$; $p < .0001$)

COMBINED WORKSHOPS AND INSTITUTES CUMULATIVE DATA - YEARS 1-3

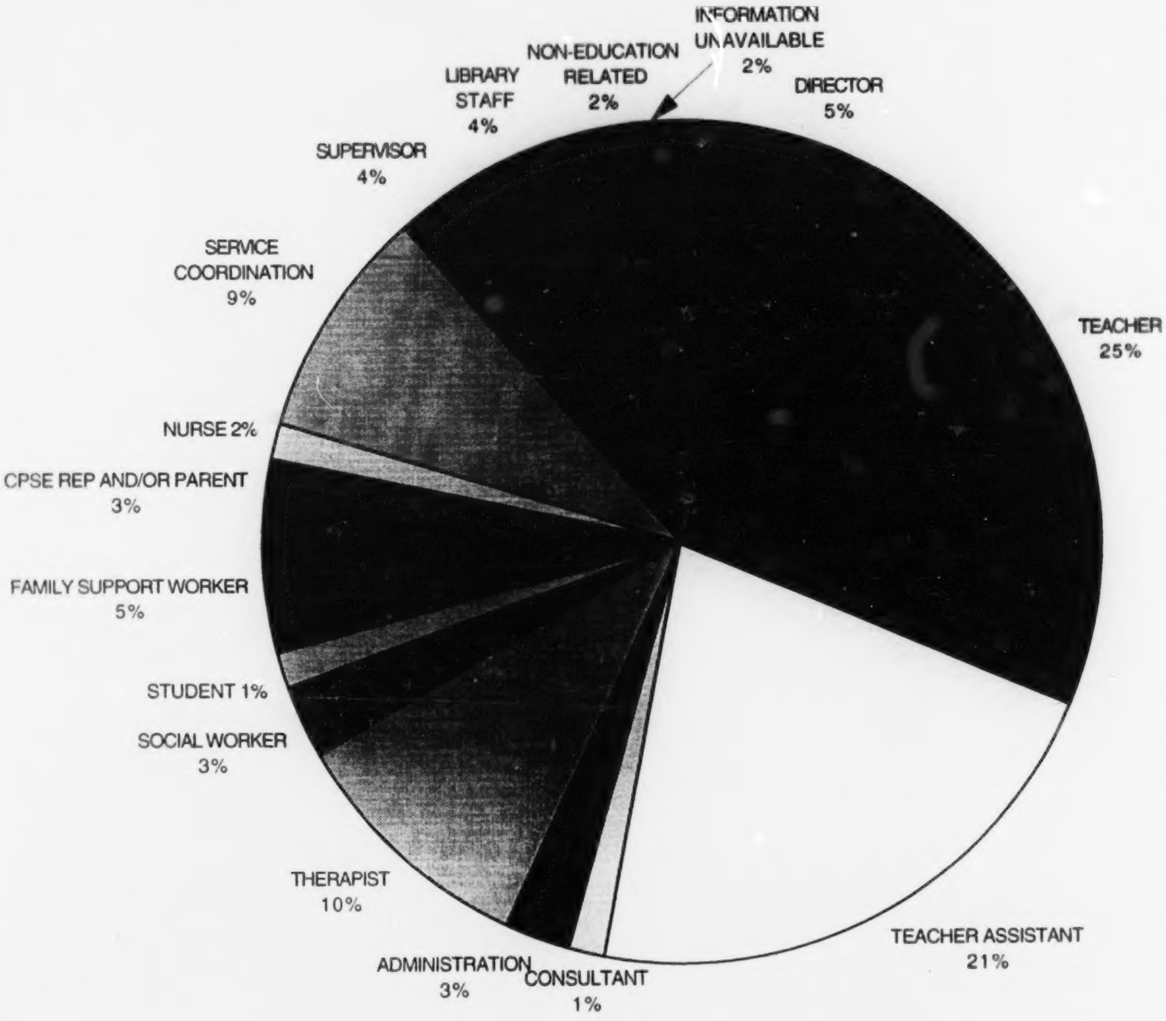


Figure 1: Discipline of Participants for All Institutes and Workshops (N=695)

BEST COPY AVAILABLE

CONSUMER SATISFACTION SUMMARY
ALL SESSIONS

Statement	Mean	Standard Deviation	n
	Agreement with statement (1=strongly disagree; 3=normal; 5=strongly agree)		
Objectives of the training were met.	4.47	.77	318
All topics on the agenda were addressed.	4.50	.71	315
The materials (e.g., readings, overheads) were relevant to the training content.	4.69	.63	321
Adequate illustrations and examples were used during presentations.	4.59	.67	323
Time was well organized	4.62	.67	321
The information is relevant and can be applied to my work situation.	4.49	.82	323
I feel I now have a better understanding of the subject presented.	4.52	.79	322
The presenters were well organized and prepared.	4.81	.50	322
The presenters were knowledgeable in the subject.	4.85	.46	323
The presenters used a variety of activities that correspond with the content.	4.66	.63	323
The presenters were easy to listen to.	4.78	.55	323
The presenters valued our input.	4.80	.56	323
I found the environment to be comfortable.	4.37	.87	319
There was adequate time for breaks during the training sessions.	4.33	.98	302
The size of the group was appropriate for the sessions.	4.56	.66	323
The location of the training was convenient for me.	4.53	.73	323
The day and time of the training was convenient for me.	4.52	.73	322

IS THE KNOWLEDGE GAINED DURING INSTITUTES AFFECTED BY LEVEL OF EDUCATION OF PARTICIPANT?

Test Scores (out of 100)

EDUCATION	N*	PRE		POST		DIFFERENCE	
		M	SD	M	SD	M	SD
Less than college	30	32.8	24.3	89.0	8.9	56.2	23.3
College	34	37.9	21.0	92.2	6.8	54.3	21.6
Post-grad	55	41.1	16.2	89.0	11.4	47.9	16.8

Repeated Measures ANOVA

Between Subjects Effects					
Source	SS	df	MS	F	p
Discipline	764.86	2	382.43	1.33	.269
Within	33433.63	116	288.22		
Within Subjects Effects					
Source	SS	df	MS	F	p
Pre-Post	155033.83	1	155033.83	774.83	.000
Pre-Post x Degree	814.38	2	407.19	2.04	.135
Within	23210.26	116	200.09		

IS THE KNOWLEDGE GAINED DURING INSTITUTES AFFECTED BY LEVEL OF DISCIPLINE OF PARTICIPANT?

Test Scores (out of 100)

DISCIPLINE	N*	PRE		POST		DIFFERENCE	
		M	SD	M	SD	M	SD
Administration	8	41.9	17.9	90.3	5.4	48.4	18.6
Teacher	55	35.1	19.8	90.5	10.1	55.4	19.5
Teacher Assistant	33	30.0	19.3	89.0	10.6	59.0	20.0
Other providers	35	47.4	18.3	89.7	7.4	42.3	18.7

Repeated Measures ANOVA

Between Subjects Effects					
Source	SS	df	MS	F	p
Discipline	3009.14	3	1003.05	3.73	.013
Within	34168.64	127	269.04		
Within Subjects Effects					
Source	SS	df	MS	F	p
Pre-Post	104062.82	1	104062.82	554.08	.000
Pre-Post x Degree	2837.41	3	945.80	5.04	.002
Within	23852.04	127	187.81		

APPENDIX L

TECHNICAL ASSISTANCE

COMMUNITY INCLUSION PROJECT FOR YOUNG CHILDREN WITH DISABILITIES

TRAINING SCHEDULE

Children and Families Followed by the Community Inclusion Project during Year 1

Child, Family, School Placement	D.O.B.	Nature of Disability	Dates Followed	Classroom Placement	Related Services Received	Assessments Administered	Comments
Brian Gilson Washingtonville School District Children's Place, Newburgh, NY (Debra Gilson, parent)	12/8/88	Orthoped. Impaired	10/93 - present	Inclusive	OT/ST Twice/week (classroom) Classroom aide 9-1 a.m. 5 X/week	Child Dev. Inv. Comm. Res. Social Supports P.L.S. Battelle ECERS Activity Anal.	Child being followed.
Thomas Mariani Somers School District Bright Beginnings Montessori (Joanne Mariani, parent)	4.3	Speech & Language Imp.	10/93 - present	Inclusive	ST three times/week in-class pull-out as needed Once/month consult	Child Dev. Inv. Comm. Res. Social Supports P.L.S. Battelle ECERS Activity Anal.	Child being followed.
Shauna White Minisink School District Orange & Ulster BOCES, Middletown, NY (Kathy White, parent)	4.0	Ortho. Imp.	10/93 - present	Segregated	ST/OT/PT	Initial visit made, but assessments not yet administered	Recovering from hand surgery; will continue to be in contact with family.

Table (continued)

Children and Families Followed by the Community Inclusion Project during Year 1

Child, Family, School Placement	D.O.B.	Nature of Disability	Dates Followed	Classroom Placement	Related Services Received	Assessments Administered	Comments
Daniel Wurtz Kingston School District (Barbara Wurtz, parent)	5.0	Down Syndrome	10/93 - present	Segregated	OT/PT/ST	February 1994	Waiting family decision to continue.
Alexander Destatnick Mt. Kisco School District Mt. Kisco, NY	2.5	Angelman's Syndrome	phone contact 11/22/93	Self-contained full-day at St. Agnes in Putnam County	OT, PT, ST both in school and private	None	Awaiting family permission to begin assessment.
David Mazak White Plains School District	5.0		ASAP	1/2 day Wt. Plains Kdg. & 1/2 day special ed. classroom also in Wt. Plains		None	Arranged through Kathy Higgins, WARC. Scheduling assessment with family.

EDUCATIONAL EQUITY CONCEPTS

EEC

Educational Equity Concepts, Inc.

114 East Thirty-Second Street
New York, NY 10016
(212) 725-1803 Fax: (212) 725-0947

October 30, 1995

Mary Beth Bruder, PhD.
University of Connecticut
Child & Family Studies
Suite A 200
Farmington, CT 06032

Dear Mary Beth,

As per your invitation, we are sending you copies of the Benefits and Drawbacks Survey for our lone surviving center! We thank you in advance for compiling the results of the survey.

We have finished up our work in the last Center and have begun working on the final report. The information you find in the comparison of the pre and post survey will be most valuable. We look forward to your timely response. Thanks again for everything.

Sincerely,

Ellen
Ellen Rubin
Coordinator, Disability Programs
EEC

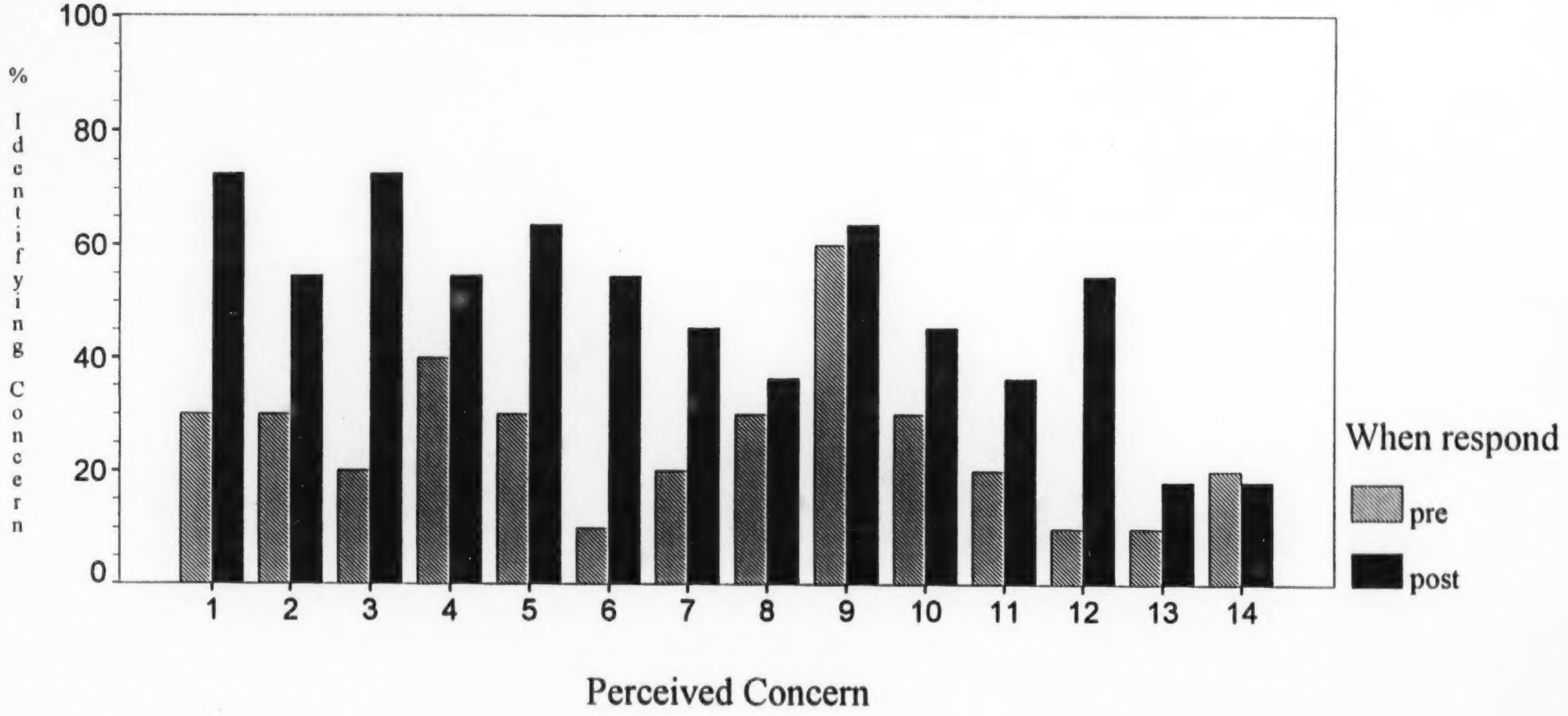
Nina
Nina Lublin
Program Director,
RCSN

Creating Equal Educational Opportunities Since 1982

Attitudes Toward Inclusion

Perceived Concerns -- Pre and Post Training

Educational Equity Concepts Trainings



THE UNIVERSITY OF CONNECTICUT HEALTH CENTER

November 22, 1995

Ellen Rubin
Coordinator, Disability Programs
Educational Equity Concepts, Inc.
114 East Thirty-Second Street
New York, NY 10016

Dear Ellen:

We have completed analysis of your pre-post data, i.e. Benefits and Drawbacks of Inclusion. In looking at frequencies of responses, what we saw was:

- Post data overall showed more "concerns" (probably due to education, enlightenment, opportunities to look at big picture).
- Participants appear to have been more reluctant on the "post" to rate an item as "definitely" a benefit - leaned to "not sure" or "probably."

Some real surprise results:

Every drawback item showed significantly higher ratings (of "definitely a concern" on the post, except for #11.

pre	7.7%	definitely a concern
post	47.1%	definitely a concern

#13 - "other kids will be deprived of services"

pre	7.7%	definitely a concern
post	29.4%	definitely a concern

Typically, participants feel **less** concerned about these types of things after completing a training.

Also, only 8 of the original participant who did the **pre**, also did the **post**. Others did the pre, but not the post, or the post but not the pre.

An Equal Opportunity Employer

You may want to look at several possibilities in drawing conclusions about these results:

1. What were the educational and/or professional background of participants?
2. Why did some people not finish training? (only 8 did)
3. What was the background of the trainer?
4. What experiences did participants bring with them?

Please feel free to call and discuss these results further if you wish. Without knowing the group, the training content, etc., We really can't draw any conclusions. Did you do demographic data initially? Perhaps that could help explain some results. How many participants were parents of a child with a disability? Any?

Good luck, and we hope this helps.

Sincerely,

Mary Beth

Mary Beth Bruder, Ph.D.
Associate Professor
Director, Child & Family Studies
(860) 679-4632

Marie Brand, M.S.
Project Coordinator
Community Inclusion Project
(914) 344-1519

Attitudes Toward Inclusion

Perceived Benefits -- Pre and Post Training

Educational Equity Concepts Trainings